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Editorial

Reflections on abduction studies

by David Gotlib, M.D.

As BAE was created to be a forum for discussion and debate, it seems fitting to lead into its fifth year by offering observations about some issues in abduction studies of interest to me, and inviting comment. I make no claim that I have the answers to the questions I ask, nor that I have any special insight into the nature of the abduction experience. Rather, I present the following thoughts in the spirit of understanding and inquiry, and with the hope that the discussion which follows will be both stimulating and illuminating.

I. CE-IVs and the Virgin Mary

Abductions are said by some to be unique experiences, unexplainable by current ways of thinking because of the consistency of stories, associated physical signs, reports of abductions by children, the absence of psychopathology in experiencers, and the association with UFOs.

These criteria support the argument that abductions are not explainable as artifacts of the mind, but they do not support the uniqueness of the abduction experience. All these characteristics are also true of reports of visions of the Virgin Mary (Grosso, Frontiers of the Soul, 1992):

1. Consistent stories: There is a consistent scenario associated with Marian apparitions: Annunciation, appearance, identification and message. Mary's message is consistent from vision to vision, and similar to those of some CE-IV experiences: "The world is on the verge of catastrophe; the Marian Goddess is here to warn us of this and to show the path of prevention. The only way to save the world is through spiritual renovation."

2. Physical signs: Marian apparitions are associated with healings, thermal effects (such as at Fatima where the countryside suddenly dried up after a torrential rainstorm), and materializations (of flowers, tears, or water).

3. Reports in children: Mary is seen by children as well as by adults (at Fatima, the three principal seers were children).

4. Absence of psychopathology: No psychopathology has been noted, at least in validated appearances.

5 Association with UFOs: Mary herself is frequently associated with unusual aerial phenomena: A flash or beam of light, an angel in the sky, or as a cloud, globe, or bird of light; Mary herself appears within a brilliant, supernormal light.

The parallel between abductions and visions of the Virgin Mary is not a new idea. Nor is the possible connection between abduction phenomenology and other anomalous experiences (e.g., NDEs, mystical experiences, shamanism and perhaps even channeling) a novel concept. Michael Grosso, Peter Rojcewicz, Kenneth Ring and Jacques Vallee, among others, have all been eloquent proponents of the need to view abductions in a broader context. (See, for example, Cyberbiological Studies of the Imaginal Component in the UFO Contact Experience. Archaeus Volume 5, edited by Dennis Stillings for excellent papers by Grosso and Rocjewicz). Yet the idea that these phenomena are all related is antithetical to the central thrust of much abduction study today, which is to demonstrate that abductions are literally real events perpetrated by extraterrestrials in spacecraft, and that (depending on your convictions) the government knows this and has in its possession (fragments of) a spacecraft and alien corpses. It's hard to figure out how the Virgin Mary fits into this scenario.

A revision of our view of reality which accounts for the abduction experience must also account at least for Marian apparitions and probably a wide variety of other unusual experiences. Yet there is little interaction between the abduction field and those studying other anomalies. I am thinking here not only of researchers studying individual anomalies or types of spiritual/mystical experiences, but also of those in the field of transpersonal psychology, a field which attempts to study the broad range of such experiences. The culture of abductions discourages such collaboration, because it is devoted less to research into the true nature of abductions than to proving one particular hypothesis: That abductions are literally real. And given the difficulty the field has in gaining respectability, it is not hard to see why abduction researchers would not be inclined to consort with religious visionaries, parapsychologists, mystics, and shamans (and vice versa).

The five criteria noted at the beginning of this section really define a *category* of anomalous experiences, of which the abduction experience is just one member. I think abduction studies would greatly benefit from a greater emphasis on cross-cultural and multidisciplinary studies. To help stimulate this multidisciplinary discussion, I recently sent complimentary copies of BAE to the members of the Society for the Anthropology of Consciousness, and several recipients have decided to subscribe. I look forward to their contributions to BAE. Readers are invited to suggest the names of other organizations whose members might be interested in reading and contributing to BAE.

II. Personal Validation

Personal validation, the tendency to accept a particular meaning or explanation as correct if it feels right to, or has an "inner resonance" with, the subject (the latter a phrase used in Richard Boylan's Close Extraterrestrial Encounters, p.172), is a key part of the abduction experience. Many abduction investigators rely heavily upon personal validation because of the paucity of objective data. The overwhelming majority of the data in abduction research consists of subjective experience, whether conscious memory or hypnotic recall. Physical evidence in an abduction case, where it occurs, is usually ambiguous, and at best only circumstantially corroborates the reported abduction experience. There is no directly examinable physical

evidence (such as a fragment of spaceship, an alien body, an alien fetus or tissue from a missing pregnancy, a photograph of an ET), available for general examination by Ufologists, that incontrovertibly proves that abductions are literally real.

Belief in personal validation is being asserted more boldly as a self-evident truth as support groups and magazines for abductees surface. For instance, Richard Boylan, in his recent book Close Extraterrestrial Encounters (reviewed last issue), says: *"It is a characteristic of any substantive message, that the truthfulness of it can be discerned by the inner resonance of the particular message with what we already know to be true".* [See Dr. Boylan's comments on this and other questions elsewhere in this issue].

A recent abductee support group notice states that "people know what they see, feel and experience." But subjective reality does not always accurately reflect external reality. Central to many psychiatric syndromes and counselling problems is the fact that the patient's perception of external reality is not accurate. Treatment involves helping the patient to perceive this reality more accurately.

In the more conventional areas of my therapeutic practice, I do not find personal validation to be a reliable indicator of the correct diagnosis or treatment approach. One example is the use of antidepressants to treat endogenous depression or anxiety disorders such as panic attacks. Much of the time when patients agree to this treatment, they do *not* have an inner resonance that this is the right course of action. They agree to try it because of logical arguments and professional opinion(s) in favour of it, and/or because other treatment strategies have not been effective. When it works (sometimes with dramatic effect) they are quite surprised.

People with depressive and anxiety disorders try to make sense of their symptoms with the information available to them. In some cases of chronic depression, clients are so used to the way they feel that depression does not feel abnormal to them. They are unable either to internally validate the premise that they are depressed, or experience that inner sense of rightness about the diagnosis, since their brain, having been depressed for so long, has no experience of happiness or comfort to draw on, nor can it simulate or evoke such feelings. Furthermore, they will often cite reasons why they should feel they way they do (personal or business failures, past trauma, or characterological features — "It's just the way I am"). In these situations personal validation is completely wrong, and reliance on it can deprive the client of an effective (sometimes life-saving) treatment.

(Some of these patients seek medical help because they have read an article about Prozac, or have heard antidepressants discussed on a talk show, and have recognized themselves in the "before" profile. This scenario is similar to how some abductees present for investigation or counselling.)

For some abduction investigators, only one thing can negate the experiencer's sense of personal validation: the investigator's own personal validation, based on his or her interpretive model of the experience. When an experience that is recalled with an abductee's personal sense of rightness diverges from the researcher's model, the model tends to wins out over personal validation. This is true for both the "repression" and the "victimatization" camps in the abduction field: David Jacobs insists that if you feel positive about your abduction experience, you are repressing a traumatic memory which needs to be uncovered through hypnotism, while Richard Boylan argues that if you feel traumatized by your experience then you are victimized by human abuse, or by governmental psychological warfare, or have been influenced by the investigator.

These comments on personal validation say nothing about whether abductions are literally real, or whether personal validation in abduction cases really *is* reliable (it might be, but I think this has yet to be proven). Personal validation is not a scientific criterion, and therefore research, diagnostic or treatment methodology which rely heavily based on experiencers' personal validation is less likely to persuade mainstream science (and mental health professionals in particular) to accept the legitimacy of the abduction field than approaches which rely on more objective criteria.

III. Abductions and Social Action: A Research Idea

I have a number of research questions pertaining to the abduction experience, and I don't have the time or resources to pursue them all. Here is one such question.

Part of some CE-IV experiences is a conviction that the abductors are deeply concerned about the possibility of global or ecological catastrophe. As a result, many experiencers develop "the sense of a shared mission between humanity and other forms of intelligence to preserve and protect life on the planet" as Ken Ring noted in the Omega Project.

How effective is the CE-IV experience in actually changing experiencers' behaviors in this direction? To what extent are experiencers actively involved in promoting ecological and other social causes? Are they more or less active than the general population? Than individuals who have had religious visions (like seeing the Virgin Mary), "spiritual emergence" experiences or other kinds of religious or spiritual transformations? Than members of organized religion? Than near-death experiencers?

I am not aware of any scientific research into this question. I am not even sure there is data as to what proportion of experiencers who discern such a message (or a message of any kind) in their experience (a) disbelieve the message, (b) neither believe nor disbelieve the message, and (c) substantially accept the message.

More research questions: Does the likelihood of an experiencer engaging in social action change if they participate in an investigation of their experience as compared to treatment for the abduction experience, as compared to neither? Does the likelihood of engaging in social action change with frequency of abduction experiences? Does it change with the passage of time since the abduction experience? With number of hypnosis sessions?

Readers are invited to share their thoughts about the above, as well as their own research questions, in these pages.

Mail

On training for CE-IV counsellors, personal validation, and other CE-IV issues

by Richard Boylan, Ph.D.

When the ideas for the editorial which opens this issue were still gestating, I wrote a letter to Richard Boylan asking him some questions about ideas he discussed in his book Close Extraterrestrial Encounters (reviewed last issue). Dr. Boylan was kind enough to send a detailed reply, which appears below. In the time between when I wrote him and when I received his letter I began working on the editorial. So Dr. Boylan's responses appear in context, I have reproduced the relevant portions of my letter to him below (in italics). Keep in mind his letter is in answer to my letter to him, not to the editorial in this issue.

Dear Richard:
...One thing I found confusing in your book, and you make reference to this indirectly in your reply to Georgia, is the issue of training. Exactly what do you think would constitute appropriate training, beyond a familiarity with the abduction experience, and empathic listening?

My reading of the book suggests that the details of the experience, and the client's own sense of the diagnosis being "right", are very important, but I was not clear on what other criteria you recommend using. So, perhaps you could clarify for me how you would recommend distinguishing between a genuine abductee and someone with a delusional disorder.

I am also not sure about your emphasis on the inner resonance or sense of rightness of the experience. I do not find the client's sense of personal validity to be a reliable indicator of the correct diagnosis or treatment approach in the more conventional areas of my practice. One example would be the use of antidepressants to treat endogenous depression or anxiety disorders such as panic atttacks. Much of the time when a patient agrees to this treatment they do not have an inner resonance that this is the right course of action. They agree to try it because of logical arguments and professional opinion(s) in favour of it, and/or because other treatment strategies have not worked. When it works (sometimes with dramatic effect) they are quite surprised.

People with affective and anxiety disorders, which make up the bulk of my practice, are experiencing intense sensations, and try to make sense out of them with the information that is available to them. In my experience their subjective degree of conviction about the reason for their problem, and what to do about it, is unreliable — sometimes it is right on, sometimes it is helpful but not the entire solution, and sometimes it is dead wrong.

For this reason alone, I doubt that mainstream mental health professionals will accept personal validation as a major criterion for differential diagnosis of the abduction experience, let alone for the objective reality of the experience (I don't think that kind of criterion appears anywhere else in the DSM-III).

Dr. Boylan's reply:

Dear David:

Your letter raised a number of thought-provoking points, which I would wish to respond to. (And I appreciate your very kind and laudatory review of my new book, Close Extraterrestrial Encounters, which has already resulted in pre-orders to the publisher. Thank you.)

One of your early points is: what constitutes appropriate training to counsel (professionally) CE-IV experiencers, besides having a basic familiarity with the Close Encounter experience, and having good empathetic listening skills?

In my view, additional requirements would include: 1) basic professional training in psychotherapy; (training in hypnotherapy would also be a decided plus); 2) an informed awareness of the preliminary psychological presentation of genuine CE-IV experiencers; 3) an awareness of the fragmentary nature of recalled details or elements of a suspected CE-IV experience, and what the counselor can do with these fragments to help reconstruct a whole, when appropriate, while avoiding abetting a confabulation where there was no true close encounter; 4) a good awareness of the sound clinical literature on close encounters, and what appropriate books to point experiencers to, so that they may do their own bibliotherapy; 5) a thorough awareness of the range of psychological effects of a Close Encounter on persons, including the ability to differentially distinguish the effects of a close encounter from the residual traumatic symptoms of a human-caused earlier trauma; 6) as regards the possible veracity of a CE-IV account, the ability to distinguish a true report from: a hoax, a delusional disorder production (grandiose, religious, or persecutory), an honest misinterpretation of a natural phenomenon, New-Age contactee wannabees, alcohol or drug-driven confabulations, and the earnest deceits of the psychological Munchausen syndrome person; 7) an awareness of the variables which likely affect the intensity with which a CE-IV is experienced; 8) a skilled awareness of when and if to use hypnosis for what may be "blocked memories"; 9) training in the use of Brief Therapy, (which is usually all that is needed for CE-IV experiencers without pre-existing human-caused traumas, or who have Personality Disorders which predispose to addiction-to-victim-status); 10) the professional's personal attitude and style, which should be unbiased, open, encouraging and able to tolerate ambiguity during the early stages of working with an experiencer; 11) an awareness of the government's cover-up of ET presence on Earth, harassment of some experiencers and researchers, and even the collusion of certain military elements in conducting pseudo-Alien abductions involving military personnel and scientists and pseudo-Aliens; 12) a certain wariness for "plants" and "ringers" (pseudo-experiencers) sent in to specialist therapists and CE-IV support groups to spy, disinform, disrupt, and turn elements of the group against each other or the leader; 13) and, a use

of peer consultation and support in doing this pioneering, exhausting, and often baffling work.

The above are the other elements besides training and empathy, which I believe make for a well-prepared counselor for close encounter experiencers.

You raised another point about the distinguishing of a genuine CE-IV experiencer from, say, a delusional disordered person. You took a wary approach to my suggestion that real CE-IV experiencers have an inner sense or resonance with their experience. I believe that they certainly do, but also agree with you, David, that the person's inner sense of resonance with the experience cannot serve as the major distinguishing element.

Further, you contrast that situation with that of a depressed patient, who may lack insight into his/her need for antidepressant medication, or even her level of depression. You point out that in the latter example, the treating professional would not want the patient's inner sense of rightness or not-rightness about medication to control whether appropriate medication treatment is offered.

I think the crucial distinction to be made between mental disorder and close ET encounter syndrome is that mental disorder represents an abridgement of consciousness, such that the patient benefits from the supplementary provision of sound objective judgment by the treating professional; whereas, close extraterrestrial encounter represents an altering and expanding of consciousness, of which the experiencer is immediately and intimately aware. Therefore, in some ways, the experiencer is best equipped to know whether s/he has had an encounter. Yet, for the sake of scientific validation, and to provide foundation for objective signs supporting this subjectively known experience, it is necessary to look for additional indicators as to whether an actual close encounter took place.

Some of these indicators will be of the rule-out kind: can we rule out: delusional disorder, sociopathic personality disorder, organic brain syndrome, publicity-seeking, etc. Other indicators will be of the affirming kind, such as: corroborative witnesses, unusual body marks (but beware Borderlines and Munchausens), official reports of a UFO nearby the experiencer's contact site, the basic personality wholesomeness and historical truthful record of the experiencer, the sudden acquisition of paranormal abilities, sudden permanent lowering of the body temperature by one or two degrees, etc.

I believe a helpful perspective here is that in this work, we are not so much seeking to establish to the satisfaction of a court of law that a close extraterrestrial contact occurred, but rather we are seeking to be of reasonable professional assistance to a person who reports, with some credibility, that a close encounter occurred.

In your final point, you comment that mental health professionals will not accept personal validity (to the experiencer) as a major criterion for differential diagnosis of the close encounter experience, let alone for the objective reality of the experience.

I respectfully disagree. We do it every day. For many of the situational Adjustment Disorders, we take the word of the patient that they are having a reaction to, say, the loss of a job, or failing in school, or the news that they face risky cancer surgery. Few, if any, psychotherapists dismiss the patient, telling them to come back when they have a note from their boss or surgeon proving what they say happened to them. And as for conditions which are based on experiences for which there are no corroborative witnesses, every day psychotherapists take the word of patients reporting that they were raped in a solitary location, or molested in their bedroom as a child. We, of course, look for internal clues within the dialogue and the self-presentation of the reporting patient, to be sure. But we often have to operate on the basic premise that the patient knows best what actually happened to her.

As for whether clinical symptom criteria based on internal states of the patient are acceptable DSM-III-R criteria, one has only to look at the criteria for the dissociative disorders to see some examples of such.

To be sure, defining a transient psychological syndrome such as Close Extraterrestrial Encounter Syndrome, where the symptoms are often expressed in the consciousness, and where the reality of the causal experience is still the subject of widespread societal denial, is fraught with difficulty. But then, similar challenges faced therapists who first took on housewife prescription drug abuse, fetal alcohol syndrome, childhood sexual molestation, and Satanic ritual abuse. Let us learn from these earlier clinical struggles to tolerate a good degree of ambiguity, and permit the subjects and treaters of close extraterrestrial encounters syndrome to make their case over time.

Reply to Georgia Flamburis's "How Are Experiencers' Needs Being Met?"

(Experiencers' Section of BAE, Vol. 4 No. 4, August 1993)

by Richard Boylan, Ph.D.

Georgia Flamburis, in her article, "How Are Experiencers' Needs Being Met?", raised a number of good points about the Close Encounter phenomenon from the Experiencer's point of view.

As a clinical psychologist, a CE-IV researcher, and an Experiencer, I would like to accept her invitation to comment on her 10 points.

1. In her first point, Georgia notes that there may be a tendency in experiencers to overstep boundaries, which she clarifies to mean, failing to set limits to their own sense of responsibility.

It has been my observation that some experiencers are so taken by a sense of being kindred spirit with fellow experiencers, that they work too hard at reaching out. It certainly is commendable to empathize with other experiencers, particularly those just learning how to sort out their experience. On the other hand, being contacted by extraterrestrials does not absolve one of human shortcomings, sometimes serious ones. Some experiencers have reached out, and then been taken advantage of by the overly-dependent or exploitative experiencer they reached

out to. Even in this special area of high unusualness, we must still exercise scrutiny, judgment and prudence.

The other side of the coin is the well-meaning experiencer who exhausts her/himself, or neglects family or job, to "be there" for other experiencers. Even after a CE-IV, we still have to pay the mortgage, help the kids with the homework, and have some quiet time with our spouse/partner.

2. Georgia's second point is about the hazard of over-interpreting ET messages or visualizations which make the experiencer feel chosen or having a sense of mission; and not seeking out more knowledgeable others for help with discernment or coping skills.

Receiving an individual message from a Visitor from another star system is a powerful experience, especially when directly placed into one's mind. It is usually a good idea to share with an experienced resource person one's vision or "mission", to get the benefit of another perspective on what the message could be saying or meaning. Both scientifically and personally, it is better to stick with the basic communication, and avoid adding "clarifying" or interpretative elements. Often, with the passage of time, further clarification will arrive, if needed.

3. The third point concerns the risk of having depression or other significant psychological needs overlooked while participating in a research project (presumably, debriefing), or an experiencer support group.

This underscores the importance of two things. One, that research into close encounters should be either conducted by a specially-trained mental health professional, or one should be readily available to the experiencer being debriefed. And two, that experiencer support groups which are not facilitated by a specially-trained mental health professional should make their members aware of how to contact one, and that they may need one as they get into their experiences. There are levels of need which cannot be solved by empathic group support.

4. Georgia's fourth point deals with the phenomena of suggestibility and confabulation that experiencers might face in exploring their anomalous experiences.

Suggestibility and confabulation (filling in the gaps with one's own ideas) can occur in both hypnosis and ordinary consciousness. The subject of hypnosis is more suggestible, so it becomes very important that hypnosis be done only by a skilled, ethical professional. Such professionals will avoid creating a climate for suggestibility by not asking leading questions, watching the semantics of words they use, and maintaining a neutral and non-expectancy environment, etc. By avoiding subtle pressure on the experiencer to produce, professionals can minimize the risk of confabulation.

Likewise, in ordinary consciousness, the experiencer can feel the pull of suggestibility in such settings as support groups, where one person's narrative and interpretation can influence another experiencer to see her/his experience from a similar perspective. Demand situations, such as peer pressure or public speaking, can tempt the experiencer to fill in the awkward gaps in memory or understanding with confabulated elements. Truth, and integrity with oneself and the ETs, requires us to resist such distorting pressures.

5. Ms. Flamburis' fifth point deals with some researchers' interest in efforts to ward of "abductions", and notes that such attempts can create distraction, emotional drain, and obsessional thinking for the experiencer.

It has been my finding that practically no experiencers need to focus with fright on preventing "abductions", if the experiencer has been properly debriefed and counseled by an unbiased mental health professional, and afforded support, such as from a properly debriefed group. The fear that many experiencers initially experience soon fades with such intervention, unless the experiencer is carrying emotional baggage from earlier human trauma.

The ETs are rather effective in showing up when they deem it appropriate. Rather than trying to "outsmart" them or "overpower" them, even psychically, the experiencer does better to examine what within is so frightened by these contacts. In my research, this approach has led to the most effective peace.

6. Georgia's sixth issue is the interpretations placed on her experience by researchers, and being told by them she was wrong or delusional if her interpretation did not match the researcher's.

Each experiencer is the person most intimately acquainted with her/his contact experience. Some of the researchers in this field are (perhaps) well-meaning amateurs, who violate the basic meaning of research by imposing conclusions on the data while collecting it. And there are anecdotal reports which suggest that certain researchers have ideological axes to grind. Any experiencer who works with a professional researcher should expect to find impartiality, respect, and attention to the facts of the experience. Researchers have no business sitting in judgment on the interpretation the experiencer places on her/his experience.

7. The seventh point deals with the terminology of ET contact. Ms. Flamburis disdains the term "abductee" as being an interpretation, and prefers the term "experiencer".

Labelling the CE-IV experience is caught up in the differing ideological/interpretive points of view. Given the range of views and feelings about close ET encounters, a neutral term seems the best vocabulary for dialogue. I prefer the term "CE-IV experiencer", which simply states that a person has experienced a close ET encounter. This avoids the semantics of abductee or contactee, and whether the CE-IV was a 3-D, space-time event or a mental experience, etc.

8. The eighth issue raised is that of factions within the UFO "community". Ms. Flamburis believes that keeping experiencers ignorant of the existence of factions compounds experiencers' confusion. She further wonders whether factional ideologies create a mentality leading to cult followers.

I have found it to be in the service of truth, and useful for experiencers, to have experiencers be aware that there are a range of interpretations of the CE-IV experience. My approach has been to empower the experiencer to arrive at his/her own interpretation, and that the support group make room for a range of interpretations. The danger of cult formation is minimal in such an informed and unstifled

environment. That should be the norm for all groups and intervenors.

9. This important point deals with hoaxes and disinformation within the experiencer community, and how they affect experiencers and research.

It is an unfortunate concomitant of the extraterrestrial contact phenomenon that, because high strangeness causes the experiencer's and researcher's minds to expand beyond the boundaries of ordinary consensual reality, it becomes more difficult to apply the usual tests as to what is real. Gullibility to hoaxes is an occupational hazard. This can be minimized by taking a cautious approach to experiencer data, and by not by-passing the usual tools for assessing information, to reduce the risk of falling for a hoax.

The issue of disinformation is more difficult. I take it that by "disinformation", Ms. Flamburis is referring to the Intelligence network's efforts to continue the cover-up of ET presence by sowing CE-IV stories which contain a nefarious combination of truth, lies, distortions, absurd elements, and/or discrediting allegations, and by planting pseudo-experiencers within the CE-IV community. The disinformation campaign can (and appears designed to) cause confusion, fear, unnecessary divisions, disgust and discouragement in the UFO and Experiencer communities. Pseudo-experiencers can cause uncertainty and even paranoia about who it is safe to open up to. Regrettably, it is advisable to proceed watchfully with unfamiliar persons who report contacts.

10. In her final point, Ms. Flamburis raises the issue of experiencer support group leadership and goals.
Any leadership within a support group should come from the special qualifications and resources that a leader can bring to the group process. As discussed earlier, the facilitator of a CE-IV group should either be a specially-trained mental health professional, or a wise, experienced and centered person with group leadership skills, who can draw upon a mental health professional to resource the group from time to time.

The appropriate goals of the CE-IV support group depends on what stage a group is in. Groups which are constituted of those coming to terms with their ET contacts will naturally focus more on education about the phenomenon, and emotional support and sharing of accounts. Groups composed of seasoned experiencers, who no longer are struggling with comprehending and assimilating the contacts, may find themselves shifting goals towards other agendas; for instance, reaching out publicly with the ET message, networking regionally or nationally with other CE-IV groups, developing media or political influence campaigns about the ET presence, creating a special spiritual practices community for those whose spirituality has been affected by ET contact, or collectively taking the initiative in reaching out to the extraterrestrials, etc. As with any good group, the goals will evolve as a function of where the group is on its path.

I commend Georgia Flamburis for raising these important issues, as the close encounter experiencer community moves towards a more sophisticated phase of processing its experience.

On "Recovered Memories"

by Richard Hall

[Dick began his letter by referring the following passage in an enclosed article from the Washington Post, "Skeptics Dispute 'Recovered Memory' of Abuse", by David Savage, Nov 27/93]:

"In fact, severe traumas are not blocked out by children but are remembered all too well," McHugh wrote. [Paul McHugh is director of psychiatry at Johns Hopkins University Hospital in Baltimore]
He cited as an example the children of Chowchilla, Calif., who were kidnapped in their school bus in 1976 and buried alive. After their rescue, the children had highly detailed recollections of the entire event. McHugh also cites stories from Holocaust survivors, many of whom were rounded up as children. "They have intense memories. They can't get the memory out of their mind. That's the problem — the over-remembering," McHugh said in an interview.

Please correct me if I am wrong, but isn't this an inappropriate analogy? If a child experiences something horrifying or mind-boggling and it is not validated by the parents or other significant persons around them, and they are left to deal with it on their own, it seems to me that repression of the memory might be their only way of coping. This interpretation would then make sense. Later it might well surface to conscious memory under the right circumstances.

On the other hand, in the example of the kidnapped children in the school bus (and the holocaust survivors mentioned elsewhere), the horrifying experience has been totally validated by parents, family, and others so that there is no stigma about recalling it, and indeed they probably will have intense memories about it since it was so horrifying.

As a layman, I can easily imagine kids experiencing a form of "shock" and "mental paralysis" when faced with bug-eyed "alien" creatures who take liberties with them, and their parents tell them they are only dreaming, or worse, when the experience is to the kids very real. In fact, I have talked with young kids who say exactly that, and with parents who tell me their kids have said that and ask me for advice on how to deal with it.

After consulting with Budd Hopkins on this point, I generally tell the parents not to say it was only a dream and not to ridicule the kids. Instead I suggest that they encourage the kids to tell them about anything that they experience of a similar nature in the future and to demonstrate an open mind about it, while offering reassurance by saying something to the effect that, "Whatever is going on, we will deal with it together as a family."

From untruth to unreality

by Hilary Evans

(Author's disclaimer: I am not a qualified behavioral scientist, and am not fully acquainted with the appropriate technical language. Some of the ideas expressed in this paper may therefore seem naive or imprecisely expressed, I will be grateful for corrections or suggestions; and indeed I regard this as no more than a first attempt to chart an inadequately charted area. In the meantime I hope my thoughts may be helpful to all of us involved in this field)

Le coeur à de pensées qui ne dit pas la bouche.
(The heart has thoughts which the mouth does not utter)
- Chretien de Troyes (12th Century)

A gradual progression carries us from simply telling an untruth to total inability to distinguish reality from unreality. Recognition of the various modes of untruth could help us to understand some anomalous behaviors — or at lest, help us not to misunderstand them.

The moment someone tells you something, a more-or-less automatic reality sensor in your mind decides whether what you are being told is true or untrue. Often, you can distinguish truth from untruth, then and there, with a fair degree of certainty — or it is something you can ascertain by checking. Perhaps equally often, though, there is either no time or no opportunity for verification, so you have to make your decision on a basis of probability.

If you decide you are being fed an untruth, a secondary screening has to consider whether the teller knows it or not, followed by a succession of subsidiary questions as to how and why.

So basic is reality-testing to human interaction, that one would suppose that by now the scope of untruth/unreality would be fully explored and understood. However, such is not the case, for at least two reasons:

On the one hand, manipulators of opinion are discovering ever more devious ways of concealing truth behind propaganda, disinformation and the like. This can be relatively harmless, as in the case of fictional biographies of real people, or it can be sinister, to whatever degree the paranoid conspiracy theorist can stretch his imagination.

And on the other hand, we are still far from recognising the potential of the human mind for manufacturing untruth in the form of 'alternative realities'. Again, some are relatively harmless — daydreams which serve as an escape from harsh reality. But others can be dangerous — and dangerous not only to the individual, who may perhaps ruin his life by living it under some inhibiting delusion but dangerous also to society who may suffer when, say, a person comes to believe he will be fulfilling a divine purpose by planting a bomb in a crowded market place.

It is therefore desirable that we recognise the prevalence of deception and self-deception.

There are three basic categories of untruth:

1. Conscious untruth, due to
1.1 simple self-interest
1.2 expediency — 'higher good', political or religious etc
1.3 deliberate hoax, for whatever motive
1.4 mischief-making, malice

2. Unconscious untruth, due to
2.1 error of perception
2.2 error of interpretation
2.3 error of memory including amnesia, cryptomnesia
2.4 secondary error: unwittingly reporting untruth which was consciously instigated by someone else — eg describing a stage magician's act or repeating a deliberately fabricated rumor

3. More or less unconscious untruth, due to
3.1 exaggerating, suppressing, embellishing or embroidering facts for the sake of effect, status &c
3.2 childhood inability to distinguish between fantasy and reality, or failure to appreciate the necessity or desirability of making such a distinction; this behavior is not confined to children — adults will regress to childlike behavior under appropriate conditions
3.3 delusions due to internal psychological processes such as the 'false memory syndrome', the 'Munchausen' syndrome, and other variations as yet unlabelled
3.4 delusions resulting from physical causes — sensory deprivation, sensory overload, changes in body chemistry etc
3.5 delusions resulting from suggestion, to which the individual has exposed himself consciously (eg via religious or spiritual processes, hypnosis etc) or to which he has unconsciously become vulnerable, as a result of stress, disorientation etc., fantasies of past-life regression, sexual abuse, reincarnation, alien abduction &c may result either by contamination from a second party (hypnotist, investigator &c) or through the individual's own cultural conditioning (reading about such things, seeing them presented on television, or meeting people claiming to have really had such experiences)
3.6 delusions created by 'fantasy-prone personalities' / roleplaying / 'possession' in its various degrees up to total dissociation / multiple personality / schizophrenia

It is evident that these categories are not distinct and exclusive: stress could well result in 3.2 and 3.3 -type behaviors; the behaviors listed in 3.6 can be induced by suggestion; and so on. If there is such a thing as a category of people who are psychophysically more vulnerable to suggestion than the norm, they might be tipped more easily than the majority into unreality-type behaviors by any of the factors listed above.

This paper is about untruth, and is concerned only with statements and perceptions which are untrue. This in no way implies that the experience which leads to these untruths has no value. Take my friend Blandine, for instance, who claims to have met the Virgin Mary on several occasions. I question that claim and believe it to be delusory, but I do not question that she had a valid and valuable experience of some kind. However, I think it important that anyone who seeks to evaluate Blandine's claim should be aware of, and take into account, the possibility that she was deluded. This is not judgment: it is diagnosis.

Provisional conclusion
When the varieties of sources of untruth are set out in this way, we see how mistaken it would be to act on any statement made by another person without taking into account every possibility of deviation from the truth, conscious or unconscious. To run every statement that is made to us through the check-list above is not to play the cynic, but to recognise the infinite complexity of the human mind.

When Freud Met Jung

by Filip Coppens

What does an episode of The Young Indiana Jones Chronicles and UFO abductions have in common? Nothing, unless you are interested in the latter and are watching the former, in which our dear Freud and equally dear Jung are introduced as friends of the young Henry, before he discovered the Ark of the Covenant and the Grail and was able to lose both of them.

Seriously: it made me think about the "olden days", the early days of Psychology and psychiatry. One Mesmer and a few others were into "trance" and one Dr. Josef Breuer believed that if only one was able to remember and confront a traumatic experience, one was cured. Then came Freud, who believed that everything we did and were had at least a subconcious relation to sex. C.G. Jung was more into the "man is not just a sex-machine" and eventually coined such terms as archetypes and even did research into UFOs, the subject I would like to talk about. "Freud" and "Jung" were sitting at the same table as Indy (what an honour!) discussing their theories and opinions and all in attendance looked upon them as if God was issuing forth commands from in between the two cherubims on top of the Ark of the Covenant.

If I were into hallucinating, I might have seen how Hopkins and Strieber were discussing their theories with Indy in attendance. Wouldn't Indy then have gone to some distant galaxy in search of the "master key to the Universe" if he had witnessed that conversation? (Or he might have given up treasure-hunting altogether.) Anyway, I could only see the parallel. Bud Hopkins, whom I would like to call the abductionists' Patriarch, stresses, like the psychiatrists' patriarch Sigmund Freud, the sexual aspect of the entire phenomenon under discussion. Freud said that man was an animal in which sex was the most if not all agitating agent. Hopkins believes the aliens are here primarily if not solely to extract and implant things of a sexual (and procreational) nature into human beings. Strieber, of course, openly talked about Jungian archetypes and the opinions and beliefs of Jung in his books, *Communion* and *Transformation*. Jung believed that there was in man a drive, an agent, named love and that this was something more than "just sex". Strieber also believes that the abduction phenomenon is more than sexual reproduction.

One could draw the parallel even further. In the early days of the UFO abductions (the Hills, Hopkins' investigations,...) hypnosis was the most often used tool used to unlock hidden memories. Shades of Mesmer? And in those not so distant days, Hopkins believed that once he had uncovered the hidden memories, "they", the aliens, would no longer subject his abductees to more abductions; the abductee was believed to have become a "former abductee". Shades of Breuer who believed that merely remembering and confronting past actions sufficed to end the ordeal. Though it most definitely helps to talk about it and to know what happened and what is going on, it by no means is the final solution to the puzzle, not in psychology or abductionism.

I will refrain from showing the parallel between Freud-Jung and Hopkins-Strieber in intimate detail. I only hope that people do see the parallel. I even had to think about how the early civilizations (apparently) first believed in fertility gods and later developed ideas of a "transcendental", archetypal if you like, God.

Now I am not saying archetypes or Jung are the solution to psychology and UFO abductions or, God forbid, to understanding the divine so many of us seek or feel. I am merely showing that we, in the UFO abduction-area, are re-living certain developments, one first lived through by society, than (among others) in the field of psychiatry and now in the field of UFO abductions. Our understanding of the phenomenon evolves from sex to something "transcendental", or at the very least to something "more than sex". As Richard Thompson mentioned (p. 139, *Alien Identities*): "The sexual component of UFO abductions also suggests that they involve something other than objective scientific research." Thompson thus states that even the part of the abduction centering around sex is more than just sexual reproduction.

All this posed questions which I don't like to answer but on which I would like to hear other people's opinions. In today's psychology/psychiatry, are Freud's ideas on sex still relevant (parts of his theory, of course)? If so, than this could mean that Hopkins' ideas on the "sex is the key issue here"-way of looking on the abduction phenomenon is more than the first initial steps of a new science ("abductionism") on its way to find an answer to the phenomenon. If Freud has no other value than merely being the first man to really think about "us", then Hopkins, I believe, together with his theories, will be labelled identically. This means that the "they are here to create hybrids"-theory is not the true reason behind the UFO phenomenon (1).

It also poses another question: where are we today, in psychiatry/psychology, standing? What is, to us, what psychology is all about? Do we consider the brain to be "just" a good computer? Or is the brain the seat, the "hardware", of a "soul", something "higher than just matter"?

It should be stressed that abductionism and psychology are very much influenced by the line of thinking one adheres to. If you believe the mind is just some circuits in a good computer, abductions are, to you, "hallucinations" as there is no way a computer can work this way, therefore the computer and our brain must malfunction, "hallucinate" (though I believe there is much more to hallucination than a mere malfunction of the brain).

If you believe something "more than just matter" can manifest itself into this world and (ergo) in our brain, abductions could be part of this "something more than just matter".

Indy might not have found much material in his quest for sacred and secret treasures by listening to Freud and Jung, but I have. I hope that I have shown how the "old boys" Freud and Jung can give us insights into where the UFO abduction research stands today; how we don't necessarily have to hold high the honour of Hopkins' theory like Freud's theory once was (and even is in some circles). By thinking back to those days, we might be helped (and receive good advice) in our theorizing what the abduction phenomenon might be.

Footnote

(1) And if you listen to the "Jungian abductionist" Strieber, Hopkins "sex-theory" is not validated by his research (source: among others, the above mentioned *Alien Identities*, p. 136). Like Jung and many others, Strieber believes there is more (if it is not totally different from the sex-theory) to the phenomenon than just sex.

Networking

Personality Types and Transpersonal Experiences: A Possible Correlation

by David Ritchey, Ph.D.

Anecdotal observations from my clinical practice have led me to suspect that individuals with certain personality types might be more prone to having transpersonal experiences (shamanic crises, awakening of kundalini, episodes of unitive consciousness, psychological renewal through return to the center, crises of psychic opening, communication with spirit guides and "channeling", close encounters with UFOs, and possession states). These experiences appear to be more common among my clients who are, in the terminology of the Myers-Briggs Typology Indicator, introverted intuitives (INs). I'm hoping to locate researchers who have statistical data to either support or disprove this hypothesis.

Those working in the UFO field have done some research along these lines. For example, Slater, using the MMPI, WAIS, TAT, and Rorschach has found UFO experiencers to have: a high level of intelligence and a rich inner life, a weakened sense of personal identity, an interpersonal vulnerability, and an orientation toward alertness. Parnell and Sprinkle, utilizing the MMPI and 16 PF, found heightened scores on paranoia, divergent thinking, creativity, schizoid processes, autonomy, independent thinking, selfsufficiency, intelligence, and assertiveness. Johnson, testing a small sample of five UFO experiencers with the MBTI, found one each of ENFJ, ENFP, INFP, INTP, and INFJ. Those who were extraverted were not strongly so and he felt that his sample showed a preference for Introversion over Extraversion, iNtuition over Sensation, and Feeling over Thinking.

Johnson also tells us that those who evidence temporal lobe lability and have phenomenological experiences suggestive of temporal lobe epilepsy (which, presumably, transpersonal experiences might be) are inclined to be iNtuitive rather than Sensing, Feeling rather than Thinking, and Perceiving rather than Judging. Finally, Kiersey and Bates assert that Introverted, iNtuitive, Feeling, Perceptives are more likely than most to understand psychic phenomena.

If anybody has solid statistical data concerning a possible connection between transpersonal experiences and personality types (or just wants to "shoot the breeze" about the hypothesis), please contact: David Ritchey, Ph.D., 200 Jacksonville Stage, Brattleboro, VT 05301, Tel (802)254-2150.

Contest and Call for Papers on the UFO Topic

Dr. Alexander Imich Prize Contest No. 5

Dr. Alexander Imich announces his call for papers and contest No. 5. A $1,000 prize will be awarded for the best original paper contributing to the understanding of the interaction of some aspect of the UFO phenomena with humankind.

Submissions may be empirical, theoretical, critical, speculative or case studies and may, but will not be required to cover psychology, sociology, anthropology, literature, popular culture, mythology, religion or history. Papers will be judged on the basis of intellectual quality, originality, scholarship and overall contribution to the understanding of the topic by a panel of judges to be appointed by Dr. Imich.

Any author may submit a paper for consideration. Papers will remain the property of the authors and they will be free to publish them upon completion of the contest. Deadline for submission is June 30, 1994.

Papers should be written in English and be double-spaced onone side of a sheet of 8 1/2" x 11" or A4 paper with minimum one inch margins on all sides. Four copies of each submission should be sent to:
W.P. La Parl
Contest Organizer
19 Wood Street
Hopkinton, MA 01748-1132
U.S.A.

Omega Project in softcover

Kenneth Ring informs me that The Omega Project will be coming out in a softcover edition by Quill in December. Makes a great gift!

FMS Update

by David Gotlib, M.D.

The trivialization of abductions

Both sides in the debate on False Memory Syndrome agree on at least one thing: Abduction experiences should not be taken as anything other than fantasy. Articles in favour of FMS use UFO abduction experiences as evidence that there are false memories. Articles opposing FMS (arguing in favour of the validity of some if not most repressed memories) criticize their opponents for trivializing the very serious debate about childhood sexual abuse by introducing the obviously foolish nonsense of stories of being abducted by aliens.

Here are some examples of how abductions are dismissed in the FMS debate:

- The lead paragraph of a story in the *Toronto Star* (Nov 7/93) about a conference for defense lawyers dealing with sexual abuse memories (a conference heavily weighted towards the FMS position) reads, "Adults claiming memories of childhood sexual abuse often have uncanny similarities to people who say they were abducted by UFOs..." (This from James Alcock, York University psychologist and noted skeptic). Later that same week, Michelle Landsberg, a *Toronto Star* columnist with a strong feminist bent wrote a scathingly critical article on FMS, inspired by the conference noted above. She cited Alcock's remarks about UFO abductees, and wrote, "The lawyers, and some of their expert speakers, are repeating the attack language, the trivializing approach and even the idiotic 'kidnapped by aliens' examples furnished by the False Memory Syndrome Foundation..."
- In "Reality by Decree: A Transference Hazard in the Therapy of the Sexually Abused" (Psychiatric Times, November 1993), psychiatrist Paul Genova cites memories of satanic ritual abuse and UFO abductions as examples of how a client in therapy for childhood sexual abuse might keep stretching the limits of the therapist's credulity, upping the "emotional ante" with the therapist, and perpetuating a malignant cycle of revelation, doubt and betrayal.
- From "Memory Playing False: Repression and the critique of psychoanalysis," a review by Owen Flanagan of Adolf Grunbaum's *Validation in the Clinical Theory of Psychoanalysis* (Times Literary Supplement, October 29/93): "And what of memories that are false — misrememberings and disguised memories? The patient who thinks he was abducted by aliens has incorporated a set of alien-abduction scenes into the way he thinks of and represents himself and his life. He is a man whose abduction by aliens is in some sense constitutive of his identity, although he was never in fact abducted by aliens. Who do people who seem well put together remember things that didn't happen — sometimes things that could not have happened?..."

Interested readers are invited to send in articles (from the professional as well as the popular press) which mention abductions in either a positive or negative light, so BAE can track both professional and public perceptions of abductions.

Legal Update

Here is a followup to the first case reported in last issue's column on FMS We noted last issue that the jury rejected allegations that the father had sexually abused his now 12-year-old daughter ten years ago, but could not reach a decision on the charges of assault to the 14-year-old daughter. A second jury ended up rejecting allegations that the man sexually assaulted the 14-year-old, but awarded her $420,000 in damages for the intentional infliction of emotional distress. (She had filed a civil lawsuit, asking for $6 million in damages for alleged sexual abuse and emotional distress.)

FMS Newsletter

The November 1993 issue of the False Memory Syndrome Foundation (FMSF) Newsletter notes that the Foundation has been receiving calls from clients concerned about "the increasingly popular therapies of space alien abduction and past lives. They also say that to date "the Foundation has received no calls from the dead or from space aliens reporting that they have been falsely accused." While abductions have merited only passing mention in the pages of the FMSF Newsletter so far, this situation may not continue for long. I'll keep you posted.

FMSF Newsletter, 10 times a year;: $3 for a single issue or subscriptions for $20 (US addresses) or$25 (for Canadian addresses), to FMS Foundation, 3401 Market Street, Suite 130, Philadelphia PA 19104-3315

Retractors

The latest issue of the FMSF Newsletter discusses "returners" and "retractors." "Returners" are people who recovered repressed memories of sexual abuse by their parents, accused their abuser and cut off contact from their parents, only to later resume communication with their family; "retractors" have gone one step further by disavowing the memories of abuse and acknowledging such ideas as false memories. The FMS Foundation says they are aware of approximately 140 retractors.

Retractors have their own publication, The Retractor Newsletter (4 issues for $12 from Melody Gavigan, PO Box 5012, Reno NV 89513), and their own organization, the National Association Against Fraud in Psychotherapy, or NAAFIP (c/o Elizabeth Carlson, 7060 Valley Creek Plaza, Suite 115-111, Woodbury MN 55125). To fund the organization, NAAFIP is selling yellow ribbons "for family and friends to wear until the children lost to false memories return" ($2 each).

Reviews

Video Review: Encountering Mary

by John Robert Colombo

David Cherniack is a Canadian television producer with a special interest in the paranormal and a special feeling for spirituality who is well known to readers of this *Bulletin*. References to him and his work flit across the ufological scene, cropping up in books by Budd Hopkins and others.

Cherniack is a writer and director for the Canadian Broadcasting Corporation's award-winning weekly program *Man Alive*. Some of his own award-winning shows for that program include outstanding ones on the Dalai Lama, the Tibetan state oracle, and two fine shows on UFOs, an early one examining the abduction hypothesis and a later one placing that hypothesis within in a larger cultural context.

Cherniack's productions must be distinguished from the standard productions seen on American television networks which go from slight to solemn without being sensible. I like to think that Cherniack's work displays characteristics that are more Canadian than American — thoughtful rather than opinionated, reasonable rather than committed, questioning rather than argumentative, far-roving rather than stuck at home.

These characteristics, whether American or Canadian, are some of the features of "Encountering Mary," the show Cherniack wrote and directed for *Man Alive*, which premiered across Canada on CBC-TV, 13 Oct. 1993, 7:30-8:00 p.m. It is not one of his better shows but it has some things going for it.

The show dealt with some apparitions of the Virgin Mary. I write "some apparitions" because with only thirty minutes (less commercial breaks) at his disposal, there was no way the show could deal with more than a handful of apparitions. In fact, it focuses on apparitions reported from four locales. The two well-known locales are Lourdes and Fatima which are treated as background material. (A characteristic Cherniack touch is the scheduling of the show to mark the 75th anniversary of the last vision at Fatima.) The two other locales are barely known: a field on a farm outside Marmora, Ontario, in 1992; a copse of jungle near the Venezuelan town of Betania, in 1976-93. Neither of the newer locations is very photogenic, certainly nothing like the grotto that appears in *The Song of Bernadette*.

I had hoped that the crew would visit the Marian shrine of apparitions at Bayside, N.Y. (Apparently each fortnight it attracts ten busloads of Quebeckers.) I had also hoped that some attention would be paid to the "conspiracy" side of apparitions, especially the one represented by Father Arnold Gruner of Niagara Falls, Ont., who argues that troubles in Russia and the world are caused by the unwillingness of the present Pope to "consecrate" Russia to the Virgin (said to be one of the demands of Our Lady of Fatima). But I suppose that even mentions of Bayside and Gruner would have taken up valuable screen time and been out of keeping with the show which was concerned with the nature of religious devotion.

Hilary Evans has written knowledgeably and extensively about BVMs (apparitions of the Blessed Virgin Mary) and EEs (Entity Experiences). Alas, "Encountering Mary" has nothing to add to Evans's work or the work of any other theorists. The show bypasses all speculation about the nature and origin of BVMs and EEs. Instead, it looks at a group of people, Canadians of Latin American background, as they plan a pilgrimage that will take them from the Marmora area to Betania. They fly to their destination with a Diocesan priest; once there they meet a charismatic woman named Maria Esperanza who regularly experiences apparitions of Mary. She seems an exception to the rule, recalled by the unnamed narrator of the show, that only prepubescent Catholic girls see the vision of Mary. Maria Esperanza, presumably Catholic, is certainly post-pubescent. A possibility is that she was pubescent when she first "encountered Mary" way back in 1976. This is a conjecture. The show does not go into such matters!

Cherniack and his crew were out of luck as far as Mary was concerned. There was nothing visionary to capture on videotape. But if Mary was absent, Maria was there, and on cue she fell into a trance, seemingly to attempt a miraculous cure, the outcome of which remained uncertain. Two prepubescent girls tried to describe the radiance of the woman in one of their visions. Then there was an all-night vigil, with rumours and whispers that something was about to happen, was happening, had happened, was missed. Nothing miraculous was seen or claimed either on the farm at Marmora or in the copse at Betania.

Yet by photographing the sun overhead, by capturing the sun's dying rays in the jungle, by the skillful use of strong lighting effects and appropriate sounds and music, Cherniack was able to convey the sense of presence. Watching the show was like attending a party in honour of an important personage who promised to come. Everyone was having a good time, enhanced by the sense of anticipation. Then, in retrospect, there was a sense of disappointment caused by absence, not presence.

The main event may have been missing, yet two side shows momentarily diverted attention from the fact that the guest of honour never showed up. Late one night the television camera caught the appearance of *something green* with a vague human form amid the banana leaves. (Blue not green is the colour normally associated with BVMs.) No one knew quite what to make of it, including the television crew. One day the camera crew visited a church in a nearby town

where it was reported that the eucharistic wafer had bled. The camera showed the wafer in its monstrance, and it did have a stain (or burn) on its surface. Such a little thing, a slight imperfection. It hardly seemed like anything at all.

The unnamed narrator made a point or two about world-wide Marian visions, but the show stayed with this group of Latin American Canadian pilgrims. The dynamics of group leadership went unexplored. I find I continue to resist thinking of "pilgrimages" in terms of modern tourism, commercial jet flights, and school buses. But these people had no such problem. Why, even their travel agent was interviewed; a Latin American Canadian, he said he was repeatedly "drawn" to the file that dealt with the pilgrimage.

The show left me with the sense that the BVM favours Latinos and Hispanics (and the Quebecois people, given the innumerable Marian visions reported in Quebec, their devotion to Bayside, and the fact that all the Catholic saints of Canada are Latins). It left me, as well, with the sense that the BVM predicts dire consequences unless devotion to her is institutionalized; she seems to be edifice conscious. Finally, it left me with the message that, according to the BVM, there will be no world peace as long as men and women ignore the spiritual and moral teachings and leadership of the Roman Catholic Church.

If this is the Marian message, it has satisfied these pilgrims who appear to be lost in the modern world. They look for guidance and refer to their priest as their "father" and to Mary as their "mother." "What is it I'm looking for?" asks one of the pilgrims on behalf of the others. The narrator answers the question by suggesting that by making their pilgrimage they are seeking and perhaps finding "direct experience," making an "act of contrition," experiencing a sense of "redemption." (Perhaps this is as close as Catholicism comes to the "born-again" phenomenon of Protestant fundamentalists.)

Belief in God, faith in divine intercession, expectation of miracles, brotherly and sisterly love, joys of sodality, occasions for communal prayer and tears, hypnotic hymns and chants...all these sensations and feelings can only enrich a social, cultural, and religious occasion. The occasion is there whether there is intercession or not. It would be transformed through the BVM's appearance, but even without transformation it can be felt as an enriching experience. Indeed, the occasion may be more deeply moving and more spiritual an experience because of the BVM's absence. No apparition this time but faith pure and simple in the next time. Mary is "out there" and aware of them, biding Her time. Signs and wonders are for the weak in spirit; the strong of faith do not require such crutches. The pilgrim wins either way.

One viewing of "Encountering Mary" suggests such thoughts without explicitly raising these such issues. As for the production itself, there was paradoxically too much material and too little for a half-hour show. There was too much on the group's hopes, too little of the group's dynamics. There was more hymn-singing than necessary and less analysis than expected. I kept hoping that some general points would be made, that there would be a summing up; perhaps the producer was being cautious, given the simple religious faith of his subjects. His approach highlighted their thirst for miracles as well as their determination to live their lives in the absence of present miracles but in the expectation of future ones.

The viewer does not "encounter Mary," but the viewer does come face to face with a group of people who while living their lives are making their way along their own spiritual path. They yearn for Mary; they have Maria.

Mary, like Godot, is ever about to appear.

Ave Maria! Viva Godot!

Software Review: "UFO - This Planet's Most Complete Guide to Close Encounters"

Reviewed by Ralph Allison, M.D.

Publisher: Software Marketing Corporation
9830 South 51st St., Phoenix, AZ 85044
602/893-3377; fax 602/893-2042
Price: Floppy disk $49.95, CD-ROM $59.95

As a neophyte in the study of UFO phenomena, I thought I might get a quick and easy education on the subject by purchasing and using the CD-ROM advertised to tell me all I needed to know on the subject. When I received the box with disk and booklet, I read the hardware requirements and felt that I could satisfy them. I had the necessary IBM PC (a 386 clone) with Window 3.1, the minimum 3 MB RAM (5 MB available), 256 Color VGA monitor, 1 MB hard disk space, Microsoft or compatible mouse, CD-ROM drive, and sound card. I have a single speed Sony drive, which is not suitable for the newer "multimedia" programs, but it is alright for searching text and showing single pictures. I have a SoundBlaster Pro sound card.

After putting the CD-ROM disk in the caddie and inserting it into my drive, I carefully followed the printed installation instructions, which was to go to the program manager (which I did through HP DashBoard), select FILE - RUN and type D:\SETUP. I actually typed S:|SETUP, since S: is my CD-ROM drive designation. All I got for my efforts were error messages saying that no such drive could be found. I knew it was there the last time I used my CD-ROM player!

After trying several times, I decided to do a DIRectory check on the CD-ROM disk, and to my surprise, I found that all the files on the disk are located in a directory, called S:\UFO. Then, when I returned to Windows and typed S:\UFO\SETUP, the installation worked as promised. That simple error should have warned me about the rest of the program.

The next paragraph of installation instructions is about installing video drivers under Windows. That did not appear to be necessary, as no such instructions came on the screen, and the next request was for installing the Videos for Windows Runtime program. I followed the instructions and completed the installation without any more problems.

When installed, the program showed me its happy face, or rather four faces, as the screen is cut into four segments, each one showing a different aspect of the program. Before I could get to them, however, I had to make choices on the "Sighting Parameter" screen which popped up in front of them. Here I could choose which types of UFO experiences to observe, be they with "Photographic Evidence," "Death or Injury Involved," "Abduction Involved," "Psychic Phenomenon Involved," "Motion Picture Evidence," "Multiple Witnesses," "Multiple UFO's" or "Cattle Mutilation Involved." I chose to leave it on the default of "Photographic Evidence."

When I hit the OK button, I was shown the four screens. At the top left was a map of the world, with dots where these sightings occurred. The siting location described on the other screens glowed with a bright circle around it. In the right upper quadrant was a "UFO Event Description" with the listing of dates, places, etc. Below that was the script describing who and what the witness had observed. In the lower left quadrant was a photograph of the UFO as taken by the witness described in the lower right quadrant.

At that moment I didn't have time to explore this wonder of the modern world any longer, so I turned off my computer and turned to other matters. When I turned my computer on later, it didn't work!

I will warn the reader right now that, in the back of the instruction booklet, there are two paragraphs on "File & Disk Errors" and "Error Messages." It does warn the reader that "UFO uses a variety of files on the hard disk in order to function." That is the understatement of the century, I can tell you now!

I spent the next two days trying to figure out what was wrong and how to fix it, so I will not depress all you readers as I did my friends in the computer business. What I think must have happened is that the installation or disk operation corrupted my CONFIG.SYS and COMMAND.COM files, so the CONFIG.SYS would not operate to load anything into memory. Finally, I had to resort to my Start Up disk I have for emergencies and started everything from the A: drive. Then I moved to my hard disk C: drive, where I ran the Norton Disk Doctor. That showed a "Hard Disk Controller Failure", and I thought my machine was ruined for good. I dismantled the machine and took it to my repairman, where he ran the same tests and found everything was running like it should! He told me that the machine just needed a ride in the country air to feel better!

The next time I used my machine, I checked to see if my CONFIG.SYS file looked any different from the one that had been saved on my tape backup unit. I found that the SETVER.EXE command line had been placed above the HIMEM.EXE command line. When I moved the SETVER.EXE line below the HIMEM.EXE line, the CONFIG.SYS file worked as it was meant to.

But I still had trouble, with a "bad command" warning coming up each time the AUTOEXEC.BAT file was loaded. This prevented Windows from loading at all. I had just installed the newest version of DOS 6.2, so I thought all should be well. I copied back to my hard disk the COMMAND.COM that was on my tape backup, but the problem persisted. I then copied to my hard disk every one of the WINDOWS files, to make sure they were all correct, since I didn't know what this program had done to them.

That didn't work, so I completely reinstalled the MSDOS 6.2 files again, and finally I was able to get the Windows programs to work again. By that time, I wasn't sure that I wanted to learn anymore about UFO's unless this was a sign that the space aliens were infecting my machine! (Yes, I even ran the Anti-Virus program from Microsoft, and none were found.)

So my warnings to all of you who buy this disk are to backup all your files on tape, print out copies of the presently working versions of your AUTOEXEC.BAT and

CONFIG.SYS files, keep the original WINDOWS and MSDOS files available for reloading from scratch, and have plenty of tranquilizers and friends available for comfort!!

After all that grief, I finally took time to look at the program to see what all the fuss was about. What I found was that you have your choice of the following groups of reports to review:

Photographic evidence = 209; Death or injury involved = 19; Abduction involved = 7; Psychic phenomena involved = 6; Motion picture evidence = 22; Multiple witnesses = 395; Multiple UFO's = 174; and Cattle mutilation involved = 7.

The world map gives one a bird's eye view of where the majority of each group of reports comes from, and that is revealing. Unfortunately, when one looks at the written description, frequently the observer is "anonymous" or otherwise unidentified, so there is no way to check on original reports. Many reports just say "several citizens observed this object in the sky" without giving any more identifying data. There are no references after the reports to say where any of them come from. Even in the instruction booklet, there are several paragraphs about such matters as "Angel Hair," "Animal Mutilation," "Bermuda Triangle," "Men in Black," and "UFO Intentions." But no source of any of these comments is given, leaving the reader wondering just who might have been responsible for these comments in the manual.

There are black and white as well colored photographs alleged to be reproductions of the photos taken by the observers mentioned. But the grain is so coarse it is hard to tell what one is looking at. Even enlarging the quarter-screen picture to a full screen fails to improve the quality. When I looked at the cases listed under "Motion picture evidence," up came a new button which allowed me to run a movie on the quarter screen. But again the resolution was so poor the pictures were almost useless, except for a few that showed a bright disk passing by. My CD-ROM player cannot pass data fast enough to show a motion picture without jerking, so I cannot say what would be seen on a double or triple speed unit. Also, I cannot say what a higher resolution monitor would show. But all I saw was a screen of gray, green and blue spots that moved around. I did see the mountains over which the UFO was alleged to be flying, but no UFO.

The images I expected to be clearest were of newspaper reports of cattle mutilation. There was one such front page displayed with headlines. The letters in the headlines were so course, they appeared as if made of square pixels like those making up the letters on the computer screen. The photographs of the dead animals, which should have been easy to photograph, were crude shadows, with insufficient details to prove anything to the viewer.

So I warn any purchasers of this CD-ROM disk to install it on your computer at your own risk, but only after doing a full back-up as I described above. Check the directory structure of the disk before attempting the first installation step. If you are luckier than I was, you will then get to view a number of stories of anonymous viewers of something in the sky which their unclear photographs demonstrate were there, maybe.

If you want to watch the motion picture evidence, buy at least a double speed player first. I never did find out why the book suggests a sound card, since no sound was created in any of the samples I viewed.

Maybe this really means that the "Men in Black" don't want me to learn all about their UFO's, so they sabotaged my computer, hoping that I would get discouraged and throw the disk away. But I fooled them, I persevered, and I did read the reports and looked at the pictures. They really didn't have much to fear.

Another Electronic UFO Reference

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From the Medical Literature

Close Encounters: An Examination of UFO Experiences

Because of the wide publicity this study received in early November (with headlines like "UFO spotters 'normal' -- AP newswire), I review it in some detail.

Close Encounters: An Examination of UFO Experiences
Nicholas P. Spanos, Patricia A. Cross, Kirby Dickson, and Susan C. DuBreuil
Journal of Abnormal Psychology, 1993, 102(4): 624-632

Abstract
Ss who reported UFO experiences were divided into those whose experiences were nonintense (e.g. seeing lights and shapes in the sky) and those whose experiences were intense (e.g. seeing and communicating with aliens or missing time). On a battery of objective tests Ss in these two groups did not score as more psychopathological, less intelligent or more fantasy prone and hypnotizable than a community comparison group or a student comparison group. However, Ss in the UFO groups believed more strongly in space alien visitation than did comparison Ss. The UFO experiences of Ss in the intense group were more frequently sleep-related than the experiences of Ss in the nonintense group. Among the combined UFO Ss, intensity of UFO experiences correlated significantly with inventories that assessed proneness toward fantasy and unusual sensory experiences. Implications are discussed.

Method
A total of 176 subjects participated in this study. Forty-nine individuals constituted the UFO reporters group and were recruited through an advertisement placed in several local newspapers. One comparison group (n=53) was recruited from the community through a newspaper advertisement; the other group (n=74) consisted of introductory psychology students.
Subjects in the UFO group were individually administered a semistructured interview in which they described their UFO experiences, and any opinions they held concerning the meaning of UFOs and the purposes and motives of the aliens in visiting Earth. After a break they were given the same inventories and tests given to the two comparison groups.
UFO reporters were divided into those who simply saw lights or shapes in the sky that they interpreted as UFOs (the UFO non-intense, n=18) and those who reported more complex experiences (UFO intense group, n=31).

Test Battery
UFO beliefs: 3 questions from the Personal Philosophy Inventory (PPI) of Persinger and Makarec
Esoteric beliefs: modified Liberal Beliefs scale from the PPI
Temporal Lobe Lability: Temporal lobe subscale from PPI
Imaginal propensities: Shor, Orne and O'Connell's revision of the Betts Questionnaire on Mental Imagery; Absorption subscale from Tellegen's Differential Personality Questionnaire (DPQ); Wilson and Barber's Inventory of Childhood Memories and Imaginings
Hypnotizability: Carleton University Responsiveness to Suggestion Scale
Intelligence: Shipley Inventory of Living
Psychological health: Rosenberg's Self-Esteem Scale; Schizophrenia subscale from MMPI; Magical Ideation Scale; Perceptual Aberration Scale; Social Potency, Aggression, Stress, Unfriendly World, and Well-Being subscales from Tellegen's DPQ

Results
UFO beliefs and esoteric beliefs: The UFO groups scored higher on this index than either of the comparison groups; the two UFO groups did not differ on this index.... Subjects in both UFO groups held significantly more exotic beliefs than subjects in the student comparison group. The UFO intense subjects held significantly more exotic beliefs than those in the community comparison group.
Psychological health: ...neither of the UFO groups scored lower on any measures of psychological health than either of the comparison groups. ...these findings provide no support whatsoever for the hypothesis that UFO reporters are psychologically disturbed
Intelligence: The nonintense UFO group scored significantly higher than the remaining three groups.
Temporal lobe lability, imagery, and hypnotizability: The four groups failed to differ significantly on these indices.
Experiential Differences Among UFO Reporters: Subjects in the two UFO groups failed to differ with respect to whether their experiences occurred at night. Subjects in both UFO groups reported that over 80% of their experiences occurred at night. On the other hand, UFO intense subjects reported that their experiences were sleep related significantly more often than did nonintense subjects.
Correlations: The UFO intensity index correlated significantly with Magical Ideation scores, Perceptual Aberrations scores, the Schizophrenia subscale of the MMPI, Temporal lobe lability, the Paranormal Experience subscale of the PPI, and fantasy proneness. All of the predictors that correlated significantly with the UFO intensity index also intercorrelated significantly with one another.

Discussion
- ...Reporting UFO experiences was not associated with either social or intellectual marginality.

- ...The present findings fail to confirm either the psychopathology or fantasy-proneness hypotheses of UFO reports. Contrary to the psychopathology hypothesis, subjects in both UFO groups either failed to differ from or scored lower on indexes of psychopathology than subjects in the two comparison groups. Obviously, these findings do not rule out the possibility that UFO subjects might score higher than controls on measures of psychopathology that t we failed to assess. At this point, however, the onus is on those who favor the psychopathology hypothesis to provide support for it.
Perhaps UFO subjects are relatively more content and anxiety free than others because their UFO beliefs provide them with meaning and a sense of security...Alternatively, the relatively low psychopathology scores in the UFO groups

may have resulted from self-presentation concerns. The UFO subjects knew they were being interviewed because of their UFO beliefs and were undoubtedly aware that UFO reports are typically regarded with some derision. These individuals may have presented themselves as well-adjusted on questionnaires to counter the implication that their UFO reports mean that they were "flaky" or unbalanced.

-...Subjects in the two UFO groups failed to differ from subjects in the comparison groups on any of the imaginal propensity measures, the temporal lobe lability index, the paranormal experiences index, or the hypnotizability measures. These findings clearly contradict the hypothesis that UFO reports — even intense UFO reports characterized by such seemingly bizarre experiences as missing time and communicating with aliens — occur primarily in individuals who are highly fantasy prone, given to paranormal beliefs, or unusually suggestible.

-... Not all elaborate and intense UFO experiences were sleep-related. Furthermore, the intensity of UFO experiences was positively correlated with those variables that assessed propensities toward experiencing unusual body sensations and becoming absorbed in fantasy...The latter findings do not mean that intense UFO experiences were associated with extreme scores on these variables, because very few subjects in either UFO group attained extreme scores on any of these variables.

- In summary, our findings suggest that intense UFO experiences are more likely to occur in individuals who are predisposed toward esoteric beliefs in general and alien beliefs in particular and who interpret unusual sensory and imaginal experiences in terms of the alien hypothesis. Among UFO believers, those with stronger propensities toward fantasy production were particularly likely to generate such experiences. Moreover, such experiences were likely to be generated and interpreted as real events rather than as imaginings when they were associated with restricted sensory environments that contributed to confusion between internally produced images and sensations and external events (e.g., experiences that occurred at night and in association with sleep).... Beliefs in alien visitation and flying saucers serve as templates against which people shape ambiguous external information, diffuse physical sensations, and vivid imaginings into alien encounters that are experienced as real events.

Persinger's Corner

Positive Associations Among Dichotic Listening Errors, Complex Partial Epileptic-Like Signs, and Paranormal Beliefs

Ross J. Skirda and Michael A. Persinger
Journal of Nervous and Mental Disease 181:663-667, 1993

Abstract
The numbers of complex partial epileptic-like signs were moderately ($rs = .50$) associated with strength of paranormal beliefs but not conservative (religious) beliefs in a population of young males and females (13 to 20 years). Dichotic listenng errors were also significiantly correlated with both complex partial epileptic-like signs and paranormal, but not conservative, beliefs; the females demonstrated the strongest intercorrelations (*rs* betwen .54 and .63). These results support the hypotheses that dichotic listening errors reflect a continuum of complex partial epileptic phenomenology in the normal population and this process encourages the acquisition of paranormal but not traditional beliefs.

Discussion
[for an explanation of "dichotic listening" see the commentary which follows]
...
That the people who displayed more dichotic word listening errors are not simply endorsing any belief or experience was indicated by the absence of statistically significant correlations between these errors and control experiences and the strength of traditional religious beliefs. The content of this factor, which was loaded primarily by traditional religious ideas and mundane superstitions, is neither infrequent nor strange within our culture. These beliefs are more likely to be acquired by intraverbal processes or by modeling cultural explanations rather than (primarily) by personal experiences.

Clearly the major source of the statistically significant intercorrelations among CPES, dichotic errors, and paranormal beliefs originated from the female subjects. Because there were no statistically significant differences between this sample of males and females for CPES, paranormal beliefs, religious beliefs, or dichotic word listening errors, the issue does not involve which gender is better or worse on these dimensions. Instead, the results suggest that the neurocognitive processes by which a) beliefs have been acquired and b) the phenomenology of CPES has occurred, differ between sexes. This supports previous research that the intercorrelations between variables within the domain of imagination, suggestibility, and beliefs differ between men and women.

These results do *not* invoke necessarily a model of pathology. Because this population would not be considered clinically impaired, the most objective interpretation of the results is that people who display more dichotic processing anomalies are more prone to report stronger paranormal beliefs and CPES. Recent experiments by Gilbert et al. (1990) have indicated that disruption of the "refutation process" increases the probability that a person will accept novel statements as being true. Young people who display more frequent CPES and less efficient dichotic word processing would be more

likely to accept exotic experiences or statements as being true rather than false. On the other hand Persinger and Makarec (1991) noted that a person's beliefs about paranormal phenomena may facilitate logical solutions that contain anomalous content. These individuals might simply perceive the world differently. From this context, the positive association between numbers of CPES, creativity, and nontraditional ideas and their role in scientific discovery might also be considered.

Commentary
Richard J. Roberts
same issue of Journal of Nervous and Mental Disease, p. 668-671

...

Dichotic Listening

...The dichotic task was originally developed by a cognitive psychologist named Broadbent (1954) who was attempting to simulate the dilemma then faced by air traffic controllers receiving multiple flight bearings over their headsets at the same time from different aircraft. In the simplest dichotic task, such as the one used by Skirda and Persinger (1993), the subject is simultaneously presented one word in the right auditory channel and a different word in the left auditory channel and is required to try to repeat both words aloud. Neurologic patients with gross structural lesions (i.e., those that can be imaged on CT or magnetic resonance imaging) impinging upon the auditory pathways in the brain, particularly temporal lobe lesions, often perform defectively on dichotic listening tasks. Metabolic studies in the non-brain-injured have also confimed that dichotic listening paradigms produce temporal lobe activation. Recent observations in patients with both partial complex seizures and atypical psychosis have also suggested that dichotic listening performance can also be significantly disrupted by abnormal electrical activity in the temporal lobes in the absence gross structural lesions.

In the majority of neuropsychiatric studies, dichotic listening tasks have customarily been used to assess laterality of some type of cerebral processing (e.g., left hemisphere preference for verbal stimuli). However, Skirda and Persinger (1993) have appropriated the dichotic paradigm for a different purpose. Reasoning that dichotic listening errors in normal subjects are likely to be due to transient electrical lability in the temporal lobes, these investigators have used this paradigm as a sort of neurobehavioral probe to link both the report of partial epileptic-like phenomena and strength of paranormal beliefs to the functional output of a region of the brain. While their data are convincing, some caveats are in order. First, it is axiomatic that the normal brain functions as a whole, and there is evidence that multiple structures are activated by performing dichotic listening tasks. Second, the study might have been even more convincing had it been demonstrated that performance on a control task mediated largely by a nontemporal area of the brain was not associated with report of partial seizure-like signs and paranormal beliefs. Finally, given that their study was conducted in a broadly "normal" population, one cannot determine to what extend individual subjects with high levels of paranormal beliefs performed in a grossly defective manner on dichotic listening, as is frequently the case for many patients with atypical psychosis...

Early childhood abuse and limbic system ratings in adult psychiatric outpatients

Teicher MH Glod CA Surrey J Swett C Jr
J Neuropsychiatry Clin Neurosci 1993 Summer;5(3):301-6

Abstract

The authors investigated the hypothesis that early abuse might affect the development of the limbic system. During initial psychiatric evaluation, 253 outpatients completed a self-report scale, the Limbic System Checklist-33 (LSCL-33), designed to measure somatic, sensory, behavioral, and memory symptoms suggestive of temporal lobe epilepsy, along with a questionnaire about physical or sexual abuse. Physical abuse was associated with a 38% increase in LSCL-33 scores ($P < 0.01$), sexual abuse with a 49% increase ($P < 0.02$), and combined abuse with a 113% increase ($P < 0.0001$). Physical or sexual abuse alone was associated with elevated LSCL-33 scores only if the abuse occurred before age 18.

...

Development of the Limbic Systems Checklist

To study the possible relationship between early abuse and limbic system dysfunction, a self-report questionnaire, the Limbic System Checklist-33 (LSCL-33) was developed to evaluate the frequency with which patients experienced 33 symptom categories often encountered as ictal TLE phenomena. The items were taken from the work of Spiers et al. Broadly, these symptoms could be described as paroxysmal somatic disturbances, brief hallucinatory events, visual disturbances, automatisms, and dissociative disturbances. Subjects rated the lifetime frequency with which they experienced these disturbances using the predefined descriptors of never, rarely, sometimes, and often. Each item was assigned a relative frequency score of 0, 1, 2, or 4 (never = 0, often = 4), and a total score for the 33 items was calculated, as well as factor scores for somatic, sensory, behavioral, and mnemonic disturbances.

...

Discussion

...The present findings are consistent with the results of previous studies that report an association between early childhood trauma and the presence of EEG abnormalities. The present findings are also consistent with a hypothesis that the psychiatric sequelae of early abuse may not be entirely psychological in nature, but may result, at least in part, from effects on the developing brain. The limbic system is a somewhat ill-defined collection of neuroanatomical regions linked via common phylogeny, cytoarchitecture, membrane proteins, and neural connections. Major neural regions in the limbic system include the amygdala, hippocampus, hypothalamus, and prefrontal cortex.

The amygdala is a major site where excessive stimulation at any age can result in persistent kindled changes in neuronal excitability and behavior. Van der Kolk and Greenberg have proposed that repeated traumatization, particularly child abuse, may lead to amygdaloid kindling and to the emergence of neurological abnormalities, which can result behaviorally in impulsivity, aggression, and sexual activity.

The hippocampus is a region in which neurogenesis continues into postnatal life, and the cellular organization of the hippocampus can be markedly affected by levels of corticosteroids, which can produce cell death. Given what is known about the function of the hippocampus, it is conceivable that damage to this structure may play a role in the emergence of amnestic or dissociative phenomena, as well as emergence of anxiety and panic.

The prefrontal cortex has the most delayed ontogeny of any brain region, and major projections to the prefrontal cortex scarcely begin to myelinate until adolescence. Dopamine projections to the prefrontal cortex are specifically and selectively activated by stress. Thus, it is conceivable that stress activates the developing prefrontal cortex and alters its development. We theorize that stress may produce precocious maturation of the prefrontal cortex, leading to signs of early maturation ("parentified child"), but may arrest the development of this region, preventing it from reaching full adult capacity. The prefrontal cortex plays an important role in planning, judgment, and control of impulsivity.

Thus, the various forms of psychopathology associated with early abuse may relate to different constellations of alterations in the functioning of the amygdala, hippocampus, and prefrontal cortex.

...

Our findings are consistent with a complex biopsychosocial hypothesis; namely, that sociological factors leading to early abuse may result in biological alterations in the development of the central nervous system, with these alterations manifesting as persistent behavioral disturbances that are in turn associated with long-term psychiatric sequelae and a proclivity for the intergenerational transfer of abusive and aggressive behavior. Much additional research will be necessary to confirm or refute this hypothesis. If there is some truth to this hypothesis, then it becomes even more critical that we endeavor to prevent the occurrence of childhood abuse because psychological therapies may be inadequate to fully reverse the consequences of early trauma.

The "Sensed Presence" in Unusual Environments

Peter Suedfelt and Jane Mocellin
Environment and Behavior, 1987, 19(1): 33-52

Abstract
Literature on the reactions of contemporary human beings coping with certain kinds of extreme and unusual environments indicates the occasional experience of another entity appearing to provide help or advice, even when no such entity was in fact present. Sources of such reports reviewed in this article include spirit quests, solitary sailing, polar and mountain explorations, and the traumatic experiences of shipwreck and air-crash survivors in remote and hostile environments. The experience is frequently interpreted as a sign of psychiatric symptomatology, whereas it is not only quite common in such situations but may in fact be an adaptive reaction. It can be conveniently described in terms of Jaynes's (1976) theory of bicamerality, but its specific etiology and characteristics have not been adequately investigated.

Conclusion
...Stress is neither necessary nor sufficient for presence occurrences. If we equate the presence with bicameral apparitions, it is clear that the range of eliciting conditions has narrowed drastically since, say, Homeric times. Now, unlike then, sensed presence is seldom if ever reported by soldiers in combat, by explorers in hot regions, or by people engaging in any of a great number of hazardous occupations or recreations. In these situations, it can occur as a concomitant of toxic conditions, drug effects, or religious trances; but these represent a different category of phenomena.

In contemporary annals, the reliable antecedent conditions seem to involve the environmental variables of monotony, isolation, and ambient cold. Contributory factors include physical debilitation, sleeplessness, exhaustion, and the cognitive/affective variables of fear, perceived danger, and uncertainty. These and perhaps other factors, such as expectancy and cultural norms, bring about certain as yet unspecifiable physiological changes that in turn generate the sensed presence.

Students of the presence phenomenon (e.g., Critchley, 1955) usually fail to consider that it may be an adaptive response, a normal reaction to an abnormal situation. We find no factual basis for categorizing it as a psychiatric symptom, aside from its superficial similarity to some psychotic hallucinations. As our examples show, it is frequently associated with successful coping. Nor is there independent evidence that spirit seekers, solo sailors, and others described in this article were even fleetingly psychotic. The sensed presence should be added to, and therefore extends, the recognized range of normal coping behaviors in certain unusual situations.

Such recognition would lift a stigma from those who have experienced a sensed presence, and those — probably a growing number, given current societal trends — who will experience it in the future. It should spur more intensive and rigorous research into the environmental, psychophysiological, cognitive, social, and personological bases of an experience that is relevant to a wide variety of theoretical formulations, and that has appeared across centuries, cultures, and physical environments. By removing the sensed presence from the realms of mysticism and psychopathology, scientists can gain a better understanding of this interesting phenomenon.

Fantasy-Prone Personality: A Literature Review

Our last major article on the fantasy-prone personality hypothesis was in Vol. 2 No. 5 (September 1991) when we reported on UFO Abductees and Contactees: Psychopathology or Fantasy Proneness by Bartholomew, Basterfiend and Howard (Professional Psychology 1991: 22(3), 215-222). We have also presented some current abstracts relating to FPP. Here is a partial survey of abstracts in the psychological literature, arranged in reverse chronological order, with conclusions and other important passages in boldface.

Are the Mental Images of Fantasy-Prone Persons Really More "Real"?
Council, James R; Chambers, Deborah; Jundt, Troy A; Good, Michael D.
Imagination, Cognition and Personality, 1990-91 Vol 10(4): 319-327

The construct, "fantasy-proneness" has important implications for theories of mental imagery and personality. The present study used a procedure with minimal experimental demand to compare the characteristics of mental images in subjects who differed in fantasy-proneness and vividness of visual imagery. Results revealed that **high fantasizers, even those who reported vivid imagery, were no more likely than other subjects to perform in a fashion indicative of "picture-like" visual images.** Implications of these findings for the construct of fantasy-proneness and interpretations of self-report measures of imagination and visual imagery are disussed.

Child abuse, imagination and hypnotizability.
Rhue, Judith W.; Lynn, Steven J.; Henry, Stephanie; Buhk, Kerry et al
Imagination, Cognition & Personality, 1990-91 Vol 10(1) 53-63

Examined whether hypnotizability was related to a history of physical punishment and to imaginative involvements. 45 college students who reported a history of physical or sexual abuse were compared with 20 controls who either lost a parent by way of death or divorce or 35 controls who were from intact homes. Ss were aged 18-44 yrs. In one experimental session, Ss completed such measures as the Minnesota Multiphasic Personality Inventory (MMPI). In another session, they completed measures of absorption, imaginative involvement, and hypnotizability in a group hypnosis screening. **Increased hypnotizability was not associated with a history of physical or sexual abuse. All groups were indistinguishable on measures of objective and subjective response to hypnosis. However, physically and sexually abused Ss were more fantasy-prone than nonabused controls.**

Fantasy-proneness: Towards cross-cultural comparisons.
Siuta, Jerzy
British Journal of Experimental and Clinical Hypnosis, 1990 Jun Vol 7(2) 93-101

In a group of 491 Polish students who were administered the Inventory of Childhood Memories and Imaginings (ICMI), 12 were identified as fantasy-prone. These Ss' performance on scales of hypnotic susceptibility, absorption, and mental imagery was compared with the performance of 19 medium-range fantasizers and 11 nonfantasizers. **There was a moderate correlation between fantasy-proneness and hypnotic susceptibility. Factor analysis indicated the presence of distinct but overlapping imagery and hypnotic factors. Findings are indicative of the cross-cultural validity of both the ICMI and the construct of fantasy-proneness.**

Imagery vividness, verbalizer-visualizer, and fantasy-proneness in young adult eidetikers.
Matsuoka, Kazuo
Tohoku Psychologica Folia, 1989 Vol 48(1-4) 25-32

Compared 12 typographic male "eidetikers" (persons who can see an image on a screen after the image is gone) and 15 noneidetic male controls (all Ss aged 19-21 yrs) for imagery vividness, using measures of mental imagery and verbalization/visualization. **Eidetic Ss evoked voluntary thought images more vividly than controls, were habitual visualizers, and were strongly characterized by traits of absorption into the imagination, fantasy, and sensory experiences.** Eidetic Ss also scored higher than controls on Spacelessness and Timelessness subscales of T. Saito's (1973) Altered States of Consciousness Inventory. **Typographic eidetikers may have some characteristics of the fantasy-prone personality.**

Fantasy proneness, hypnotizability, and absorption: A re-examination.
Rhue, Judith W.; Lynn, Steven J.
International Journal of Clinical & Experimental Hypnosis, 1989 Apr Vol 37(2) 100-106

In a previous study by S. J. Lynn and J. W. Rhue, "fantasizers" were selected on the basis of scores on the Inventory of Childhood Memories and Imaginings (ICMI) and conforming to the fantasy-prone (FP) personality syndrome during an interview. In the current study, 168 undergraduates were selected on the basis of their ICMI scores to participate in a 1-session experiment. **As in the previous study, fantasizers differed from both comparison groups on a measure of absorption and on hypnotizability. The correlations among FP-ness, absorption, and hypnotizability were stable across studies. FP-ness and absorption were not discriminable constructs.** Due to methodological differences with the initial study, FP and medium-range Ss were equally hypnotizable.

Fantasy proneness: Data and observations on the British use of the Inventory of Childhood Memories and Imaginings (ICMI).
Fellows, Brian J.; Wright, Vivien
British Journal of Experimental and Clinical Hypnosis, 1989 Spr Vol 6(1) 57-59

Administered the ICMI and the Cognitive Failures Questionnaire (CFQ) to 179 women and 123 men (210 polytechnic students and 92 workers, all aged 18-46 yrs). Results show that **women scored significantly higher on the ICMI than men,** and students scored higher than nonstudents. The ICMI seemed to have reasonable internal consistency; however, the dichotomous scoring of items was not satisfactory. **A small, but positive, correlation was found between the ICMI and the CFQ, suggesting that fantasy-prone Ss may also be accident-prone.**

Fantasy Proneness, hypnotizability, and absorption — A re-examination: A Brief Communication
Rhue, Judith and Lynn, Steven Jay
Int J Clin Exp Hyp 1989 Vol 37(2) 100-106

In a previous study (Lynn & Rhue, 1986) of fantasy-prone persons, "fantasizers" participated in an 8-10 hour, multi-session study. Group selection was based on scoring in the upper 4% of the college population on the Inventory of Childhood Memories and Imaginings (ICMI) of Wilson and Barber (1981) and conforming to the fantasy-prone personality syndrome (Wilson & Barber, 1981) during an interview. Fantasizers dffered from nonfantasizers (lower 4% of population) and medium range scorers on measures of hypnotizability (Harvard Group Scale of Hypnotic Susceptibility, Form A, Shor & E. Orne, 1962) and absorption (Tellegen Absorption Scale, Tellegen, 1976). In the current study, Ss were selected on the basis of their ICMI scores and participated in a 1-session experiment. As in our first study (Lynn & Rhue, 1986), **fantasizers differed from both comparison groups on the measure of absorption and from the nonfantasizers on the measure of hypnotizability. Further, the correlations among fantasy proneness, absorption, and hypnotizability were stable across studies. Fantasy proneness and absorption were not found to be truly discriminable constructs**. Unlike our initial study (Lynn & Rhue, 1986), fantasy-prone and medium range Ss were equally hypnotizable. Methodological dfferences across studies provide a plausible explanation for the disparate results obtained.

Fantasy proneness: Hypnosis, developmental antecedents, and psychopathology.
Lynn, Steven J.; Rhue, Judith W.
American Psychologist 1988 Jan Vol 43(1) 35-44

In 7 studies, 6,000 college students were screened to obtain 5 samples of 156 fantasy-prone Ss. Fantasy-prone Ss were selected from the upper 2-4% on a measure of imaginative involvement and were contrasted with nonfantasizers (lower 2-4%) and medium fantasy-prone Ss. **Wilson and Barber's construct of fantasy proneness was supported. Fantasizers differed from nonfantasizers on measures of hypnotizability, imagination, waking suggestibility, hallucinatory ability, creativity, psychopathology, and childhood experiences.** Differences in hypnotizability were most reliable when Ss participated in a multisession study and were screened not only with the screening inventory, but also with an interview that substantiated their fantasy-prone status. However, our findings indicated that **less correspondence between fantasy proneness and hypnotizability exist than Wilson and Barber suggested.** Hypnotic responsiveness is possible even in the absence of well-developed imaginative abilities, and not all fantasizers were highly hypnotizable. **Fantasizers recollected being physically abused and punished to a greater degree than other Ss did and reported experiencing greater loneliness and isolation as children.**

Multiple personality and fantasy proneness: Is there an association or dissociation?
Lynn, Steven J.; Rhue, Judith W.; Green, Joseph P.
British Journal of Experimental and Clinical Hypnosis 1988 Vol 5(3): 138-142

Comments on I. Kirsch and L. Barton's (see PA, Vol 76:23470) observation of parallels between multiple personality disorder (MPD) clients and fantasy prone persons. Many of these persons are found to have been physically abused as children. It is suggested that a history of childhood fantasy proneness increases the likelihood that individuals will be diagnosed with MPD.

Fantasy proneness: The ability to hallucinate "as real as real." Special Issue: Is hypnotherapy a placebo?
Rhue, Judith W.; Lynn, Steven J.
British Journal of Experimental and Clinical Hypnosis, 1987 Oct Vol 4(3) 173-180

Evaluated the construct validity of fantasy proneness by examining the ability of fantasy prone persons to hallucinate "as reas as real," using 67 Ss from a university community. Some support for the hallucinatory ability of fantasizers was secured in that nearly 90% of fantasizers reported that they could hallucinate a styrofoam cup presented to them in contrast to less than 50% of medium fantasy prone Ss and less than 20% of nonfantasizers. However, fantasizers, along with other Ss, did not ascribe realistic properties to the hallucinated image. Data show that in the current experimental context, **fantasy prone Ss did not evidence the ability to hallucinate "as real as real."**

Fantasy proneness: Developmental antecedents.
Rhue, Judith W.; Lynn, Steven J.
Journal of Personality, 1987 Mar Vol 55(1) 121-137

Investigated the developmental antecedents of fantasy proneness to examine the construct validity of the fantasy prone personality. Fantasy prone (n=21; upper 4% of college population), medium range (n=20) and nonfantasy prone Ss (n=18; lower 4% of college population) were selected with an inventory of childhood memories and imaginings by S.C. Wilson and T.X. Barber (1981). Ss completed measures of early life experiences and participated in individual semistructured interviews. **Fantasy prones reported greater frequency and severity of physical punishment and use of fantasy to block the pain, more thoughts of revenge toward those who punished them, greater loneliness, and a preference for punishing their own children less severely than was reported for the comparison groups.**

Fantasy proneness and psychopathology.
Rhue, Judith W.; Lynn, Steven J.
Journal of Personality & Social Psychology 1987 Aug Vol 53(2) 327-336

In Study 1, we administered objective (MMPI) and projective (Rorschach) measures to high fantasy prone individuals (upper 4% of college population), medium fantasy prone individuals (middle range), and nonfantasizers (lowest 4%). Subjects who were fantasizers appeared to use fantasy for defensive or adaptive purposes compared with others and produced 8/9 modal code types on the MMPI. **On the basis of the MMPI findings, a subset of fantasizers could be described as exhibiting a significant degree of psychopathology**. In Study 2, **a second sample of fantasy prone individuals could not be distinguished from comparison groups in contacts with professionals for help with psychological problems, use of psychotropic medication, or number of close friendships. Although fantasizers perceived themselves as less well adjusted than comparison subjects and reported greater difficulty in distinguishing fantasy from reality, most fantasizers rated their psychological functioning as adequate and above and did not differ from less fantasy prone subjects in ratings of positivity of self-concept.** As demonstrated in Study 1, a subset of fantasizers did appear to be more pathological than other subjects were, with three fantasizers reporting a history of psychiatric hospitalizations.

A follow-up study of nine typographic eidetikers.
Richardson, Alan
Psychologia: An International Journal of Psychology in the Orient 1986 Sep Vol 29(3) 165-175

Conducted a 4-yr follow-up study of 8 male and 1 female **typographic eidetic imagers (TEIs)** and 8 male and 1 female matched non-TEIs initially evaluated in 1980-1981; Ss attended primary schools. Ss were administered a test of typographic eidetic ability (TEA) and structural eidetic imagery (SEI) (the Open Circle Test by T. Hatakeyama (1974, 1975)) and a questionnaire assessing qualities related to the fantasy-prone personality. Evidence of some TEA was found in 6 of the TEIs and 3 of the initially non-TEIs. For 4 of the TEIs the quality of imagery retained underwent significant changes. No relationship was found between TEA and SEI. No differences in synesthesia were found between TEIs and non-TEIs. However, **TEIs were more likely to exhibit characteristics of the fantasy-prone personality: anomalous perceptual experiences, greater involvement in sensory experiences, and greater absorption in actions and experiences.**

The fantasy-prone person: Hypnosis, imagination, and creativity.
Lynn, Steven J.; Rhue, Judith W.
Journal of Personality & Social Psychology 1986 Aug Vol 51(2) 404-408

Evaluated the fantasy-prone (FP) personality by selecting Ss who ranged along the continuum of fantasy proneness and administering measures designed to assess hypnotic susceptibility, absorption, vividness of mental imagery, responses to waking suggestion, creativity, and social desirability. 62 undergraduates, based on their scores on an inventory of childhood memories and imaginings, were divided into 3 groups: 23 FP, 22 medium-FP, and 17 non-FP Ss. Ss completed the Harvard Group Scale of Hypnotic Susceptibility—Form A, an absorption scale, the Marlowe-Crowne Social Desirability Scale, an art scale, a vividness of imagery scale, and a creative imagination scale. **Results show strong support for J. R. Hilgard's (1970, 1979) construct of imaginative involvement and S. C. Wilson and T. X. Barber's (1983) contention that FP persons can be distinguished from others in terms of fantasy and related cognitive processes.** FP Ss outscored Ss in both comparison groups on all of the measures of fantasy, imagination, and creativity, with social desirability used as a covariate. **Low-FP Ss were no less creative or less responsive to hypnosis than their medium-FP counterparts.**

Distal Eidetic Technology: Further Characteristics of the Fantasy-Prone Personality
Myers, Susan and Austrin, Harvey
Journal of Mental Imagery, 1985, 9(3), 57-66

Two hundred volunteer subjects were tested to replicate and clarify the findings of Wilson and Barber, as well as other investigations in relation to the "fantasy-prone" personality. The Wilson-Barber Inventoryof Childhood Memories and Imaginings: Children's Form (ICMIC) was given to measure fantasy proneness. The other variables were measured by a revised version of Palmer's (1979) Universityof Virginia ESP Survey, the Internal-External (I-E) Locus of Control Scale (LOC) of Rotter (1966), a revision of Livingston and Zimet's Death Anxiety Scale (DAS), Tellegen's Absorption Scale (TAS, 1974) and the Jackson Personality Inventory (JPI). In general, **the results suported Wilson and Barber's 1982 findings, and also clarified some of the major personality attributes of the "fantasy-prone personality"** in terms of Ahsen's (1982) findings concerning eidetic imagery.

The fantasy-prone personality: Implications for understanding imagery, hypnosis, and parapsychological phenomena.
Wilson, Sheryl C.; Barber, Theodore X.
PSI Research 1982 Sep Vol 1(3) 94-116

Interviews that focused on childhood and adult memories, fantasies, and psychic experiences were conducted with 27 19-63 yr old females rated as excellent and 25 Ss rated as low, medium, and medium-high in hypnotic responsiveness (as determined by the Creative Imagination Scale and the Barber Suggestibility Scale). Findings indicate that with 1 exception, the **excellent hypnotic Ss had a profound fantasy life; their fantasies were often as "real as life" (hallucinatory), and their deep involvement in fantasy played an important role in producing their superb hypnotic performance. Data indicate that excellent hypnotic Ss derive largely from a small percentage (possibly 4%) of the normal population who can be labeled as fantasy-prone personalities (fantasizers); this seems to be their most fundamental characteristic, serving as the matrix from which their other talents arise. In addition, the excellent hypnotic Ss reported (1) vivid sensory experiences; (2) vivid memories of their early and more recent life experiences; (3) abilities as "healers"; and (4) numerous telepathic, precognitive, and other psychic experiences.**

Recent Abstracts

EMD/R

Eye-movement desensitisation: a simple treatment for post-traumatic stress disorder?
Page AC Crino RD
Aust N Z J Psychiatry 1993 Jun;27(2):288-93

Eye-movement desensitisation has been identified in a number of case studies to be an effective treatment for post-traumatic stress disorder (PTSD). A further case study reporting success is presented.The treatment appears rapid and may represent a potentially cost-effective treatment for PTSD. However, no treatment study to date has conformed to the ideal methodology of a double-blind placebo controlled trial and therefore its efficacy remains to be demonstrated. A minimal but stringent set of crieria for identification of treatment efficacy are outlined. The implications of eye-movement desensitisation being identified as an effective treatment for PTSD are discussed.

Eye-movement desensitisation to overcome post-traumatic stress disorder.
Spector J Huthwaite M
Br J Psychiatry 1993 Jul;163:106-8

A new treatment using a saccadic eye-movement desensitisation (EMD) procedure has recently been introduced to treat post-traumatic stress disorder, a disorder that has been difficult to treat in the past. The treatment is claimed to be very rapid and successful. This paper reports the treatment of a woman with posttraumatic stress disorder following a horrific road traffic accident using the EMD procedure.

PTSD

Psychoneuroendocrine assessment of posttraumatic stress disorder: current progress and new directions.
Yehuda R Giller EL Jr Mason JW
Prog Neuropsychopharmacol Biol Psychiatry 1993 Jul;17(4):541-50

1. Studies in our laboratory have used the psychoendocrine strategy to explore differences in basal hormone levels between patients with posttraumatic stress disorder (PTSD) and other groups. This approach has allowed us to explore the relationship between hormone levels and specific psychological and biological processes which appear to develop following exposure to extreme trauma. 2. The concurrent assessment of several hormonal systems provides an opportunity to explore differences in hormonal patterns in various psychiatric disorders. PTSD appears to be characterized by a specific profile of hormonal changes that is distinct from that of other diagnostic groups and normal controls. These findings raise the possibility that the psychoendocrine approach may be useful in further exploring the pathophysiology and diagnosis of PTSD. 3. This paper reviews psychoendocrine changes in PTSD and describes updated multivariate methods that further elucidate psychological and neurochemical correlates of hormonal alterations in this disorder.

Levels of trauma: a multidimensional approach to the treatment of PTSD.
Shalev AY Galai T Eth S
Psychiatry 1993 May;56(2):166-77

The historical course of professional interest in psychological trauma in the 20th century parallels the cycle of intrusion and denial characteristic of traumatized individuals, in which periods of recognition and concern alternate with times of forgetfulness and neglect (Glass et al. 1966; Ingraham et al. 1986). The inclusion of the diagnostic category of posttraumatic stress disorder (PTSD) in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 3rd ed. (DSM-III-1980) inescapably confronted the mental health community with the problem of psychic trauma and catalyzed the quest for a deeper understanding of the disorder. This has led to a variety of explanatory models from such distant fields as neurobiology (Krystal et al. 1989; Pitman 1989; van der Kolk et al. 1985), psychophysiology (Kolb 1987), learning theory (Keane et al. 1985), psychoanalysis (Krystal 1978; Laufer 1988), cognitive psychology (Janoff Bulman 1985), and existential-humanistic philosophy (Lifton 1988).

Control and intrusive memories as possible determinants of chronic stress.
Baum A Cohen L Hall M
Psychosom Med 1993 May-Jun;55(3):274-86

Amidst confusion about the nature and usefulness of the stress construct and distinctions between acute and chronic stress, research has begun to identify mechanisms by which stress affects health and by which stress can persist beyond the physical presence of the stressor. In addition, research has begun to identify reasons for selective vulnerability to chronic stress. One of the possible reasons for chronic stress following traumatic events is the disorganizing effect of loss of control and violation of expectations for regulating aspects of one's life normally under control. Data from a longitudinal study of chronic stress at Three Mile Island in the wake of the nuclear accident there suggest that loss of control and frequent experience of intrusive memories about the accident and its aftermath were related to persistent stress responding several years after the accident. The relationships between stress responding and conditioning and consolidation of stressful memories are considered as a basis for persistent intrusive memories and chronic stress.

Posttraumatic Stress Disorder Symptoms and Precombat Sexual and Physical Abuse in Desert Storm Veterans
Engel C Jr., Engel A, Campbell S, McFall M, Ruso J, Katon W
J Nerv Ment Dis 181:683-688, 1993

The purpose of this research was to study the association between precombat sexual and physical abuse and combat-related posttraumatic stress disorder (PTSD) symptoms in a clinical sample of male and female Desert Storm veterans. Two hundred ninety-seven veterans provided data on precombat sexual and physical abuse, precombat psychiatric problems, sociodemographics, Desert Storm combat exposure, and PTSD symptomatology using the Mississippi Scale. Men reported significantly higher levels of combat exposure, and women described significantly more frequent precombat abuse. Precombat-abused

veterans reported more frequent precombat psychiatric histories. Analysis of covariance revealed that gender significantly modified the impact of precombat abuse on combat-related and other PTSD symptomatology after adjusting for precombat psychiatric history and level of combat exposure. Specifically, females describing precombat abuse reported much greater PTSD symptomatology than did females denying precombat abuse. These results in conjunction with previous research suggest that a relationship between precombat abuse and combat-related PTSD may exist. Prospective, longitudinal studies of both men and women are needed.

Cross-Cultural Studies

Redefining epidemic hysteria: an example from Sweden

R.E. Bartholomew

Acta Psychiatr Scand 1993: 88: 178-182

François Sirois' influential paradigm for diagnosing episodes of epidemic hysteria is discussed. The part of his schema addressing the large diffuse outbreak should be eliminated as it does not possess characteristic features of mass hysteria and overlooks the potential social, cultural, political, ritualistic and institutional patternng of collective behavior. A case study involving the collective delusion of phantom rockets over Sweden during 1946 illustrates the complexities of such episodes.

Experiencers' Section

Response to Richard Hall's "On the Accuracy of Recall"

(BAE Vol. 4 No. 5, October, 1993)

by Ann Livingston

Ann Livingston describes herself as follows: "I am 48 years old and have been told by several UFO researchers that I am a lifetime CE-IV experiencer. In the latter half of 1985, I was presumably 'guided' by my CE-IV 'acquaintances' to Yucatan, Mexico, where I took up residence and was nearly murdered not long after by the leader of a shamanistic band of Olmec drug smugglers, once he realized that my usefulness to him had expired, and that I was prepared to report him to federal and local authorities.

"Presently, I have a book in the works which tells the complete story, emphasizing the fact that self-help is what saved my life. While CE-IV experiencers are very much in need of professional help during the acute phases of post-abduction stress, a doctor or investigator can only do so much. The experiencer must be willing to assume a greater level of personal responsibility for his or her own recovery, too."

Ms. Livingston works as the ATM representative of an Illinois-based electronic banking network.

Richard Hall's comments on various court cases where adults experienced sudden recall of childhood sexual abuse are indicative of his personal confusion regarding False Memory Syndrome (FMS). Unfortunately, it has been proven that certain unscrupulous and overzealous therapists have "encouraged" patients to "recall" childhood sexual abuse which may not have existed. Yet even so, we are still left with the problem of how to distinguish between a true memory and a false one.

Historically, UFO investigators were loathe to acknowledge that childhood sexual abuse might exist alongside of adult alien abduction syndrome. These investigators were anxious to keep the abduction cases free of implications that the respective patients might lack credibility. Nobody in the UFO subculture wanted skeptics and debunkers to use the childhood sexual abuse issue as their rationale for denial of alien abduction reality. Even Dr. Benjamin Simon. way back in the early 1960's, wanted to attribute Betty and Barney Hill's abduction recall, obtained during hypnosis, to early childhood traumas of a far different origin, thus nullifying the possible validity of what happened to them on September 19, 1961, on that dark, rural New Hampshire back road.

Even when the alien abduction syndrome was NOT an issue for me, back in 1976, my psychiatrist insisted that I had repressed memories of childhood sexual abuse which were at the bottom of all my then existing problems. As a child, I was psychologically abused by dysfunctional parents, but sexually abused only by outsiders: 3 uncles and a group of boys from the high school I attended. My parents caused me to lose trust in them because they were too dysfunctional to help me, as a minor child, fight for my rights in the aforementioned situations. Far from being repressed, my recall of sexual abuses committed by outsiders were painfully clear. Just as the horrific memory of my parents dropping the ball began to haunt me more than the abuses themselves.

In any event, my psychological history was inconsistent with unsubstantiated claims made by my former psychiatrist. So was the family history. In none of the sexual abuse incidents was I the sole victim. My uncles also molested my mother and 2 of my first cousins. On the day that I was abducted and raped by the high school boys, my closest girlfriend was abducted right alongside of me and victimized in the same horrific manner.

Richard Hall mentions his fear that women will never receive full justice under our present court system. Yet there is another form of justice which concerns me even more, because it has been more difficult to achieve. and I question whether it has been achieved at all.

Most UFO investigators and involved mental health professionals nowadays are willing to admit that childhood sexual abuse and alien abductions do not have to be mutually exclusive to be credible. I also agree with Richard Hall when he says that, in every case of childhood sexual

abuse recalled late in life, we should look for an element of the alien abduction syndrome. His implication is that childhood sexual abuse recall may be a screen for alien abductions.

While I could not agree more, I believe that sexual abuse problems must not continue to be ignored in favor of the alien abduction syndrome. The real justice lies not in whether women get a fair shake in the court system, but whether full attention and treatment is available to them at every conceivable level of need. For it is only when both the sexual abuse and the alien abduction components of a case are allotted equal validity (when they both exist), will women — and men as well — find that they are being treated justly and fairly as a whole person, and not just as the fragment which is currently "in style."

The problem, therefore, consists of two parts, which are as follows:

(1) Separating alleged "false" memories from the legitimate recall, and identifying them as "false."

(2) Isolating and identifying each component of a person's case, be it generated via sexual abuse or alien-abductions. Sometimes our perception of these horrific intrusions, taking place at the most intimate levels of body and mind, tempts us to gloss over the differences, which can be significant. For instance, one can prepare in therapy to confront the sexual offender. But how do you confront the aliens who have violated you?

For those of us who are middle aged and older, it may be impossible to backtrack to earlier times and sort all of this out. Our parents and other relatives may be deceased. After so many decades, the investigative trail grows very cold indeed, iced over with our own anxieties pertaining to False Memory Syndrome (FMS). We have been told in no uncertain terms that we can no longer trust our own memories. Perhaps the FMS theory is legitimate. Or, perhaps, it is another ploy to intimidate us into keeping silent about our respective alien abduction cases.

But despite all of the negatives, there is still hope. Not for us, but for our children. In our role as parents, we enjoyed the advantage of becoming expert observers. And we're still around to testify in support of our children and the accuracy of THEIR abduction-related memories.

But in order for the mental health community to accept this premise, the highly popular trend of parent-bashing is going to have to be reversed. Today we are granted virtually no legal rights apropos to our underage children, but we are forced to accept all the blame when things go awry. Justice and credibility for parents will have to be reestablished in the broader society so that we can be allowed to cooperate with any investigation of our children's' alien abduction experiences.

By working with our children this way, and with our grandchildren eventually, we can hope to eliminate much of the future confusion between alien abductions, childhood sexual abuse, and the impairment of investigations to both caused by the fear of FMS.

Contribution and Subscription Information

Bulletin of Anomalous Experience is a networking newsletter about the UFO abduction phenomenon and related issues, for mental health professionals and interested scientists. BAE is a forum for presentation of ideas and information, and debate of same. Comment on anything you see here, brief or lengthy and detailed; articles from the literature you think are relevant to this field; notices of books or journals; opinion pieces. Write!

Material for publication in computer-readable format is especially welcome . I can accept 3.5" or 5.25" diskettes. I run Word for Windows 2.0, but you can also send files in ASCII format. If you are online, you can also e-mail material to me at my Internet address (on the WELL): drdave@well.sf.ca.us.

Our editorial policy was best described by Hilary Evans, who said we try to "comfortably tread the narrow path between the groves of academia and the dust and heat of the marketplace, inquiring and suggesting, not asserting or insisting." We publish most anything, whether we agree with it or not, as long as it's on topic.

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In Closing

The Fifty-Minute Hour

The Fifty-Minute Hour: A Collection of True Psychoanalytic Tales
by Robert Lindner. New York: Bantam, 1976.

Robert Lindner's story of his psychoanalysis of Kirk, a research physicist who maintained an exceedingly elaborate fantasy about his parallel existence on this planet and as an explorer in another galaxy in the future, anticipated some of the challenges and pitfalls faced by therapists working with CE-IVs. I have excerpted some passages from the book, but strongly encourage you to read the entire essay. (Thanks to John Colombo for suggesting this book).

...It will be recalled that while Kirk was untroubled by the question validity of his para-psychic experiences, he acknowledged ignorance about the mechanics of their operation. He talked vaguely of "teleportation," a special in-built psychic "organ," a highly developed "'telepathic" sense, or a "wild talent" of some kind. On the pretext of discovering just how he did all the remarkable things he reported and, beneath this, just why it was he, Kirk Allen, to whom special gifts were given, I strove to enlist his active participation in treatment. This meant, of course, that at least for the time being I "accepted" the validity of his experiences, the "truth" of the material in the records, the "facts" of Kirk's curious reports of travel through time and space.

When Kirk appreciated that we had achieved a common ground where we could work together on a problem that intrigued him so; when he understood that I was not out to prove him "crazy" and therefore, I constituted no threat to the careful but unstable structure on which his entire existence was based; he dropped his defenses and fell to the mutual task with enthusiasm.

For many months, motivated thusly by his curiosity and given tremendous impetus by the security he felt in our relationship, Kirk and I progressed swiftly toward the goal we had set ourselves. Always holding in abeyance the primary question, always suspending decision on it — indeed, always ignoring that such a question existed — we concentrated on the problem of the moment, the problem which may be phrased as: What had happened to Kirk to render him "sensitive" to the extraordinary experiences he reported? Our emphasis was, of course, on his actual biography, on the formative events, relationships and associations of his childhood and adolescence. Nevertheless, so that he should not lack the assurance that no detail was being overlooked in our pursuit of an answer to this problem, I consented to — as a matter of fact, even urged him toward — the exploration of additional means to discovering the source or sources of his "sensitivity." Accordingly, from time to time Kirk submitted to various examinations I arranged for him. Under an assumed name he put himself through the Diagnostic Clinic at the John Hopkins Hospital, received a thoroughgoing neurological examination including electroencephalogram, air-injection engrams, and X-ray studies of his cranium from an outstanding neurologist of my acquaintance, was surveyed thoroughly by an endocrinologist, and even studied in meticulous detail by a physical anthropologist. Needless to say, the outcome of all these elaborate tests and measurements was nil: in every respect save the psychological Kirk was distressingly average.

...

Emotionally satiated, restive under confinement, given anyhow to uses of imagination, and a devotee of science fiction to begin with — these are the obvious factors that entered into the interesting personal experiences I underwent in the closing phase of Kirk Allen's therapy. For, as the reader has anticipated, I, the therapist, became quite involved in the psychosis of my patient and for a time and to some degree shared his obsession.

From the moment I made its acquaintance, Kirk's case, as I have said, fascinated me. The dictionary meaning of the word "fascinate" describes my state and tells the story better than I can: it means "to bewitch, to enchant, to cast a spell over, etc." This definition applies to the psychological state I soon found myself in when, as my participation in the grandiose delusion increased through the deliberate efforts I have described, the sharply defined edges of reality began to fade and I entered part way into the incredible universe of Kirk's design.

In the beginning it was a game. My wholesale acceptance of the fantasy was no more than a pretense, a device I had seized upon that promised to pry loose a disturbed mind from its adhesive clutch on a
foundering life raft. But eventually it ceased to be a game, and the moves, the maneuvers, the manipulations of the pieces, passed from the hands of this player to become the tools of forces of which he was then hardly aware.

...

...We all of us possess areas of lessened resistance, and somewhere on the psychic armor of the strongest there is a vulnerable place. In this case it happened that the materials of Kirk's psychosis and the Achilles heel of my personality met and meshed like the gears of a clock.

...
"It's all false?" I asked again.

"All false!"

"Even the ... trips?"

"Trips!" he snorted. "What trips? Why it's been weeks since I gave up that foolishness.

"But you've been telling me..."
He seated himself on the edge of his chair, his whole body rigid and his face tight with tension. "I know what I've been telling you," he said earnestly. "But, believe me, I've been pretending for a long time. There've been no trips. I saw through all of that stuff-weeks ago. . . .

"What do you mean — you saw through?"

"Just what I said. I realized I was crazy. I realized I've been deluding myself for years; that there never have been any 'trips,' that it was all just — just insanity."

"Then why," I asked, "why did you pretend? Why did you keep on telling me ..."

"Because I felt I had to," he said. "because I *felt you wanted me to!*"

The last words echoed and re-echoed in the silent room. For many minutes I seemed to hear them. Then they faded, to be replaced by the normal sounds of the morning-the asthmatic hum of the elevator, the tapping of a typewriter, the closing of a door down the hall, and the honking of horns from the street nine stories below.

I rose and walked to my chair behind the couch. There I seated myself and indicated to Kirk that he should lie down. When he had settled himself on it, I said, "Tell me about it Kirk."

. . . It had not been a sudden thing, this abandonment by Kirk of his psychosis, but the result of a dawning understanding that he had begun to develop from the moment he became aware I was sharing — or at least appeared to share — his delusion. From that time forward it had somehow lost its potency, and the gratifications it gave him lacked their former charge of excitement. With this reduction in the appeal of the fantasy, moreover, the insights gained but not employed during the long months of our dynamic exploration of the past at last came into their own. Kirk's former ability to enter the fantasy, to achieve that abnormal state of sensitivity to his needs that had catapulted him into his mythical universe, began to diminish. It was not long before the whole amazing defense — for such Kirk now recognized his obsession to be — lapsed or, better, decayed, to be replaced, item for item, by reality.

But in these latter weeks, although discovering himself each day to be more free of the abiding delusion, Kirk, so he now told me, was still obliged to concern himself with it for the strangest of reasons. Incomprehensible though it may seem, he felt it necessary to engage in a pretense *for my sake.* My enchantment with the fantasy, my preoccupation with its details, my literal involvement in it as a sharer of its exciting gratifications — these not only puzzled him with the recovery of his reasoning capacity and the extension of his hard-won grasp on reality: they created, in addition, a real dilemma. For while *he* no longer believed in the fantasy, he thought *I* did, and such was the nature of his friendly concern for me, and his devotion, that he could not bring himself to disclose his lack of faith lest he somehow "hurt" me. His position, incredibly, was similar to mine when I made the decision to participate in the grandiose obsession, but with this difference: his inability to "hurt" me was a purely emotional reaction, while my decision to employ a technical variant came from professional appreciation of a delicate psychological situation.

Moreover, Kirk was not able to appreciate the fact that when he abandoned his psychosis he had achieved my sole object for him; that to wean him from madness had been the conscious aim of my actions, and that this alone was important to me. As he saw and felt it, there had been a complete turnabout in our positions, a turnabout that confused and worried him, and one before which he remained helpless. As the reader now knows, it was not because I was such an excellent actor that Kirk believed so thoroughly in the apparent reversal of roles: it was, rather, that he sensed how I had been attracted by the stupendous fantasy and felt, in myself, its magnetic pull. . . .

Until Kirk Allen came into my life I had never doubted my own stability. The aberrations of mind, so I had always thought, were for others. Tolerant, somewhat amused, indulgent, I held to the myth of my own mental impregnability. Superior in the knowledge that I, at least, was completely sane and could not — no matter what — be shaken from my sanity, I tended to regard the foibles of my fellows, their fears, their perplexities, with what I know now to have been contempt.

I am shamed by this smugness. But now, as I listen from my chair behind the couch, I know better. I know that my chair and the couch are separated only by a thin line. I know that it is, after all, but a happier combination of accidents that determines, finally, who shall lie on that couch, and who shall sit behind it.

Of Lizards and Wizards

by David Ritchey, Ph.D.

Magic! I've always been entranced by magic. When I was in junior high school I used to perform magic shows at birthday parties for "little kids". In college I read everything about hypnosis I could get my hands on. When Neuro-Linguistic Programming first came on the scene, I knew I had to take the training, if for no other reason than that its founders had written books with titles like The Structure of Magic and Frogs Into Princes. As a boy, I wished to grow up to be a magician. Today, I call myself a hypnotherapist but I secretly believe I've realized my boyhood wish.

It's probably no coincidence that at the medieval faire presented at my children's grammar school each fall I assume the role of Merlin the magician. Decked out in my conical hat and my purple robe with gold trim , I make my way through the crowds handing out "magical Merlin stones" (tumbled amethysts) and telling tales of enchantment to the little ones. Boys and girls greet me with cries of "Wizard, Wizard" and quickly form an entourage to follow in my wake as I go about my business, With the full authority of the set and setting supporting me, it's an easy undertaking to perform numerous feats of "instant therapy" with my young "clients" — healing the hurt of a bee-sting here, improving sibling relationships there, and validating the "princes" and "princesses" who seek my acknowledgment.

Toward the end of this year's faire, a 2½ year old girl with her babysitter in tow, sought me out because she had something she wanted to tell me. She sat me down on the grass and launched into a description of what it had been like when she was "in her mommy's tummy". She told me that it had been dark and had rained a lot, that the rain had been warm and she had been comfortable, and that the rain had ceased when she had come out into the sunshine. With great delight, I listened to her narration of this charming metaphor! She also informed me that while inside, she had been visited several times by a "lizard" I was a bit non-plussed by this assertion and didn't know whether to think of her experience in terms of sensory perceptions or archetypal imagery. In any event, we completed our conversation, introduced ourselves by name, and went our separate ways.

On my drive home from the Faire, I was reflecting on this delightful encounter when I recalled that whereas the other children had called me "Wizard", she had persisted in calling me "Lizard" despite a couple of gentle corrections on my part ... and she had also talked about being visited by a "lizard" when she was in her mommy's tummy. I couldn't help but wonder if there was something about me that stimulated for her the recall of some in *utero* experiences. Thinking more about our visit together, I recalled her beautiful and unusual name which she had shared with me as we were parting. I was amused by the coincidence of its being the same name as the daughter (whom I had never met) of a woman with whom I had worked in preparation for childbirth supported by hypnosis.

Remembering that in those sessions I had often talked directly to the fetus offering love, caring, support, and guidance, I became very excited and fascinated with the possibility that this was something more than mere coincidence. Rushing to the telephone upon my arrival home, I called the mother with whom I had done the hypnosis sessions and discovered that her daughter had, indeed, been at the medieval faire with a babysitter and had come home with a glowing report of her conversation with a "Lizard" about what her experiences had been when she was in her mommy's tummy. The mother and I had a good laugh about the "coincidence" and even allowed for the possibility that we were experiencing "synchronicity" at work. After hanging up the telephone I allowed myself some time to mull over this experience and what it might prove. My conclusion was that ultimately it proved nothing ... except that little children can bring a lot of magic into our adult lives if we allow them to do so.